

STATE OF CONNECTICUT  
DEPARTMENT OF PUBLIC HEALTH  
FACILITY LICENSING AND INVESTIGATIONS SECTION

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**ALSA LICENSING INSPECTION REPORT**

***d/b/a Name and Address of Entity***

**BAL Brookfield, Village at Brookfield  
264A Federal Road, Brookfield 06804  
203-775-8696  
rvaughn@benchmarkquality.com**

***Signature of FLIS Staff***

**Nurse Consultant  
Michael J. Smith, RN**

**Licensure Category: ALSA**

Census: 90 Capacity:

53A  
L  
Memory Care/Traditional      memory 26

**Date(s) of onsite inspection: 3/31/25**

**Date(s) additional information obtained: \_\_\_\_\_**

**Personnel contacted: Robin Vaughn, Executive  
Judy Knisley, SALSA**

**REVIEW/FINDINGS/PROCESS (Complete all applicable categories)**

- Licensing Inspection       Initial       Renewal       Other (e.g. strikes): \_\_\_\_\_
- Visit OR Revisit for the purpose of \_\_\_\_\_
- See Complaint Investigation CT# 43513 \_\_\_\_\_
- Violations of the General Statutes of Connecticut and/or regulations of Connecticut State Agencies were identified at the time of this inspection. See attached violation letter dated 4/14/25
- Desk Audit \_\_\_\_\_       Amended Letter: \_\_\_\_\_ Original Ltr \_\_\_\_\_
- Citation # \_\_\_\_\_ was issued to this facility as a result of this inspection.
- Violations of the General Statutes of Connecticut and/or the regulations of Connecticut State Agencies were not identified at the time of this inspection.
- Citation # \_\_\_\_\_ was/was not verified as corrected. See attached narrative report.
- Narrative report/additional information attached.
- See Certification File.
- Referral(s) to \_\_\_\_\_
- Verification of Alzheimer's special care units or programs or  Not applicable
- Part time Infection Prevention and Control Specialist and other requirements of P.A. 21-185

**STRIKE MONITORING SUPPLEMENT TO  
LICENSING INSPECTION REPORT**

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**REPORT SUBMITTED BY:** Michael J. Smith, RN      **DATE of**  
**REPORT:** 4/1/25

[ ] Approval for issuance of license granted by: Elizabeth T. Hengen DATE: 4/24/25  
Supervisor/Title

**LICENSING INSPECTION NARRATIVE REPORT:**