

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

Page 1 of 1

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

memory26 ☐

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

Date(s) additional information obtained: _____

**Personnel contacted: Robin Vaughn, Executive
JudyKnisley, 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**

Page 2 of 2

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

[] Approval for issuance of license granted by: Elysebeth T. Hennig **DATE:** 4/24/25
Supervisor/Title JSN C

LICENSING INSPECTION NARRATIVE REPORT: