

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

ALSA LICENSING INSPECTION REPORT

d/b/a Name and Address of Entity

**Brookdale Senior Living West
Hartford, 22 Simsbury Road,
West Hartford, 06117 860-523-9899**

Signature of FLIS Staff

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

denbil@brookdale.com

Licensure Category: ALSA

Census: **63**

Capacity:

37

AL

Memory Care/Traditional

26 memory

Date(s) of onsite inspection: 3/14/24

Date(s) additional information obtained: _____

**Personnel contacted: Denise Bilodea, Executive
denbil@brookdale.com**

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#37113 _____

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 _____

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

REPORT SUBMITTED BY: Michael J. Smith, RN DATE OF REPORT: 3/14/24

**STRIKE MONITORING SUPPLEMENT TO
LICENSING INSPECTION REPORT**

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[] Approval for issuance of license granted by: Elizabeth Stegman **DATE:** 3/18/24

Supervisor/Title

LICENSING INSPECTION NARRATIVE REPORT: