

**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**Signature of FLIS Staff*

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

denbil@brookdale.com

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

Licensure Category: ALSA

Census: Capacity:

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 Hanson **DATE:** 3/18/24

Supervisor/Title

LICENSING INSPECTION NARRATIVE REPORT: