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

LICENSING INSPECTION REPORT

d/b/a Name and Address of Entity

Brookdale Chatfield
Opn. Chatfield Dr.
West Hartford CT

M: Home
Ph 860 561 1669 Fax 860 313-1391

FLIS Staff

Melissa Sanfilippo Nurse Consultant

Licensure Category:

Assisted Living

Licensed Bed / Bassinet Capacity:

Traditional — Census: 30
Memory Care — 16
(46) Total

Date(s) of onsite inspection: 01/11/19

Date(s) additional information obtained: 01/15/19

Personnel contacted: Julia Ramia Asst ED, Lucia Figueiredo RN Designee
Adrienne Perry RN Regional

REVIEW/FINDINGS/PROCESS (Complete all applicable categories)

[X] Licensing Inspection [ ] *Initial* [X] *Renewal* [ ] *Other (e.g.strikes):* _____

[ ] Visit **OR** Revisit for the purpose of _____

[ ] See Complaint Investigation # _____

[X] (mm) 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.

[X] 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 _____

REPORT SUBMITTED BY: Melissa Sanfilippo **DATE OF REPORT:** 01/16/19

[X] Approval for issuance of license granted by: Loan D Nguyen **DATE:** 1-18-19
Supervisor/Title

Scanned

ENTITY: Brookdale Chatfield

DATE(S) OF VISIT: 01/14/19

LICENSING INSPECTION NARRATIVE REPORT

Number of ALSA clients: 46
Number of home visits: 2 Number of records reviewed: 3
SALSA: Yvette Haggett
SALSA Designee: Lucia Figueiredo
Home health care contracts/contracts:
Name: Encompass HC
Address:
Phone:

Name: McLean Hzr Hospice
Address:
Phone:

Managed Residential Community visited:
Service Coordinator: Deanne Riley

Policy review was done relative to record reviews and/or violations cited as appropriate. ✓

Rev.7/01-

SIGNATURE: Melissa J Sanfacon

DEPARTMENT OF PUBLIC HEALTH
HOSPITAL AND MEDICAL CARE DIVISION

INSPECTION MATERIALS CHECKLIST
ASSISTED LIVING SERVICES AGENCY

Assisted Living Services Agency Brookdale Chatfield

Address 1 Chatfield Dr.

City West Hartford State Ct. Zip Code 06110

The Inspection Materials Checklist is to be used to identify any new or revised agency materials since the last licensure inspection. Please complete as appropriate for your agency and have any materials so identified available for review.

Agency Materials	New	Revised
BY-LAWS OR RULES OF ORDER		
POLICIES/PROCEDURES		
Client Care Policies/Procedures		
o Admission		
o Assisted Living Aide Program		
o Discharge		
o Emergency		
o Administration of Medications		
o Complaint Procedure		
Nursing Service		
PERSONNEL POLICIES-for the assisted living services agency		
Orientation		
In-service education		
Required health examinations		
Annual performance evaluation policy		
Job description-supervisor of assisted living services		
Job description-assisted living aide		
QUALITY ASSURANCE PROGRAM/PLAN		
BILL OF RIGHTS		
PUBLIC INFORMATION MATERIALS		

PLEASE IDENTIFY ANY OTHER NEW MATERIALS DEVELOPED No revisions or Policy Changes Since last Survey

Supervisor of Assisted Living Services Signature: Gwen Hassett

Date: 1/14/19

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