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

Page 1 of ____

LICENSING INSPECTION REPORT

d/b/a Name and Address of Entity

Brookdale Chatfield
1 Chatfield Dr.
West Hartford, CT 06110
M: bkozubal@brookdale.com

FLIS Staff

Vera Donato Nurse Consultant
Megan E. Sauer Nurse Consultant

Licensure Category:

ALSA

Licensed Bed

Bassinet Capacity: _____

Census: _____

Date(s) of onsite inspection: 8/12/2021

Date(s) additional information obtained: _____

Personnel contacted: SALSA-Beata Kozubal; RA Designer - Nicole Molen-Rpka
ED - Ryan Uhlman

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 # _____

☐ 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 _____

REPORT SUBMITTED BY: Vera Donato DATE OF REPORT: 8-12-2021

☒ Approval for issuance of license granted by: Vera Donato DATE: 8-13-21
Supervisor/Title

ENTITY: Brookdale

DATE(S) OF VISIT: 8-12-2021

LICENSING INSPECTION NARRATIVE REPORT

Number of ALSA clients: 99¹⁰ 74

Number of home visits: 3

Number of records reviewed: 3

SALSA: Beata Kozubal

SALSA Designer: Nicola Nelson - Popka

Home health care contracts/contracts:

Name: Brookdale Home Health

Address: _____

Phone: _____

Name: Hartford H.C. Home

Address: _____

Phone: _____

Managed Residential Community visited: _____

Service Coordinator: Ryan Whelan

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

SIGNATURE: Karen Dwyer

