

2021

5055

**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

Brookdale Chatfield
1 Chatfield Drive West Hartford, Ct
06110

Signature of FLIS Staff

Megan Edson-Sawyer Nurse Consultant

Licensure Category: 186 **ALSA**

Census: 43 Capacity:
Memory Care/Traditional: 35

Date(s) of onsite inspection: 08/23/2022

Date(s) additional information obtained: _____

Personnel contacted: Executive Director Terry Jackson and SALSA Beata Kozubal
(bkozubal@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:

☐ 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

☒ Full Time Infection Prevention and Control Specialist and other requirements of P.A. 21-185

REPORT SUBMITTED BY: Megan Edson-Sawyer DATE OF REPORT: 08.23.2022

☒ Approval for issuance of license granted by Megan Edson-Sawyer DATE: 8/25/22
ENC

**STRIKE MONITORING SUPPLEMENT TO
LICENSING INSPECTION REPORT**

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Supervisor/Title

LICENSING INSPECTION NARRATIVE REPORT: