



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

ORLENE HAWKS
DIRECTOR

August 2, 2021

Beth Mell
Brookdale Grand Blanc AL
5080 Baldwin Road
Holly, MI 48442

RE: License #: AH250236939
Brookdale Grand Blanc AL
5080 Baldwin Road
Holly, MI 48442

Dear Ms. Mell:

Attached is the Renewal Licensing Study Report for the facility referenced above. The violations cited in the report require the submission of a written corrective action plan. The corrective action plan is due 15 days from the date of this letter and must include the following:

- How compliance with each rule will be achieved.
- Who is directly responsible for implementing the corrective action for each violation.
- Specific dates for each violation as to when the correction will be completed or implemented.
- How continuing compliance will be maintained once compliance is achieved.
- The signature of the licensee or licensee designee or home for the aged, authorized representative and a date.

Please review the enclosed documentation for accuracy and contact me with any questions. In the event that I am not available and you need to speak to someone immediately, please feel free to contact the local office at (810) 787-7031.

Sincerely,

A handwritten signature in cursive script that reads "Aaron Clum".

Aaron Clum, Licensing Staff
Bureau of Community and Health Systems
4809 Clio Road
Flint, MI 48504
(517) 230-2778

enclosure

**MICHIGAN DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
BUREAU OF COMMUNITY AND HEALTH SYSTEMS
RENEWAL INSPECTION REPORT**

I. IDENTIFYING INFORMATION

License #:	AH250236939
Licensee Name:	Brookdale Senior Living Communities, Inc.
Licensee Address:	Suite 2300 6737 West Washington St. Milwaukee, WI 53214
Licensee Telephone #:	(414) 918-5000
Authorized Representative:	Beth Mell
Administrator:	Heather Lauwers
Name of Facility:	Brookdale Grand Blanc AL
Facility Address:	5080 Baldwin Road Holly, MI 48442
Facility Telephone #:	(810) 953-7111
Original Issuance Date:	10/01/1998
Capacity:	78
Program Type:	AGED

II. METHODS OF INSPECTION

Date of On-site Inspection(s): 7/30/21

Date of Bureau of Fire Services Inspection if applicable: 10/06/21

Inspection Type: Interview and Observation Worksheet
 Combination

Date of Exit Conference: 8/2/21

No. of staff interviewed and/or observed 8
No. of residents interviewed and/or observed 40
No. of others interviewed N/A Role

- Medication pass / simulated pass observed? Yes No If no, explain.
- Medication(s) and medication records(s) reviewed? Yes No If no, explain.
- Resident funds and associated documents reviewed for at least one resident? Yes No If no, explain. Facility does not maintain resident funds
- Meal preparation / service observed? Yes No If no, explain.
- Fire drills reviewed? Yes No If no, explain.
- Water temperatures checked? Yes No If no, explain.
- Incident report follow-up? Yes IR date/s: N/A
- Corrective action plan compliance verified? Yes CAP date/s and rule/s: SI#2021A1011009/Rule: 1931(2),1933(2),1922(5) - SI#2021A1019033/Rule: 20201(1)(e),1921(1)(b),1931(2),1931(5)
- Number of excluded employees followed up? N/A

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

This facility was found to be in non-compliance with the following rules:	
MCL 333.20201	Policy describing rights and responsibilities of patients or residents.
	(1) A health facility or agency that provides services directly to patients or residents and is licensed under this article shall adopt a policy describing the rights and responsibilities of patients or residents admitted to the health facility or agency. Except for a licensed health maintenance organization, which shall comply with chapter 35 of the insurance code of 1956, 1956 PA 218, MCL 500.3501 to 500.3580, the policy shall be posted at a public place in the health facility or agency and shall be provided to each member of the health facility or agency staff. Patients or residents shall be treated in accordance with the policy.
For Reference: MCL 333.20201	2 (c) A patient or resident is entitled to confidential treatment of personal and medical records and may refuse their release to a person outside the health facility or agency except as required because of a transfer to another health care facility, as required by law or third party payment contract, or as permitted or required under the health insurance portability and accountability act of 1996, Public Law 104-191, or regulations promulgated under that act, 45 CFR parts 160 and 164.
During the inspection I observed two unattended medication carts on the first floor both having narcotic count logbooks which included narcotic medication administration information for residents.	
VIOLATION ESTABLISHED	
R 325.1931	Employees; general provisions.
	(5) The home shall have adequate and sufficient staff on duty at all times who are awake, fully dressed, and capable of providing for resident needs consistent with the resident service plans.

When interviewed, administrator Heather Lauwers stated the facility uses a system called “staffing by acuity” to determine how many staff to schedule for each shift. Ms. Lauwers stated resident service plan information, as it pertains to resident needs, is entered into the system for each resident and when calculated, provides data regarding how many hours need to be staffed which is then used to help determine staffing expectations for the facility. Ms. Lauwers stated that based on current resident needs, the facility expects to have at least 5.5 staff on first shift, 5.5 staff on second shift and 3 staff on third shift. Review of “as worked” staff schedules from 6/1/21 to 6/24/21 revealed several shifts on several dates which were staffed below expectation including 6/2 to 6/6, 6/9 to 6/11, 6/14 and 6/16 to 6/24.

REPEAT VIOLATION ESTABLISHED
[Reference Special investigation 20201A109033]

R 325.1953	Menus.
	(1) A home shall prepare and post the menu for regular and therapeutic or special diets for the current week. Changes shall be written on the planned menu to show the menu as actually served. (2) A home shall maintain a copy of all menus as actually served to residents for the preceding 3 months.

When interviewed, kitchen manager Brad Stark reported that Residents A and B both receive a puree diet. Upon inspection the facility did not have a posted menu for therapeutic diets. Additionally, upon request, Mr. Stark was unable to provide menus for the 3 months preceding the date of the inspection.

VIOLATION ESTABLISHED

R 325.1954	Meal and food records.
	The home shall maintain a record of the meal census, to include residents, personnel, and visitors, and a record of the kind and amount of food used for the preceding 3-month period.

During the inspection, kitchen manager Mr. Stark provided meal census records which did not include the kind and amount of food served. Mr. Stark reported he was not aware this information needed to be maintained. Additionally, the kitchen census data for July 2021 consistently indicated that the facility served food to up to 65 residents while no more than 56 residents lived in the facility during that time. Mr. Stark stated the total number served “probably includes staff who ate”. The census did not include any data regarding staff.

VIOLATION ESTABLISHED	
R 325.1968	Toilet and bathing facilities.
	(4) A resident toilet room or bathroom shall not be used for storage or housekeeping functions.
Upon inspection, several items were being stored in the spa room located down the C hall of the facility which included a bed frame, mattress, Geri chair and a Hoyer lift.	
VIOLATION ESTABLISHED	
R 325.1972	Solid wastes.
	All garbage and rubbish shall be kept in leakproof, nonabsorbent containers. The containers shall be kept covered with tight-fitting lids and shall be removed from the home daily and from the premises at least weekly.
Upon inspection, the kitchen garbage container was not covered.	
VIOLATION ESTABLISHED	

IV. RECOMMENDATION

Contingent upon receipt of an acceptable corrective action plan, renewal of the license is recommended.

Aaron L. Clum

8/2/21

_____ Date

Licensing Consultant