



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

ORLENE HAWKS  
DIRECTOR

November 4, 2021

Jennifer Huetter  
Brookridge Heights Assist  
1901 Division  
Marquette, MI 49855

RE: License #: AH520337520  
**Brookridge Heights Assist**  
**1901 Division**  
**Marquette, MI 49855**

Dear Mrs. Huetter:

Attached is the Licensing Study Report for the above referenced facility. The study has determined substantial compliance with applicable licensing statutes and rules. Your license is renewed. It is valid only at your present address and is nontransferable.

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 (906) 226-4171.

Sincerely,

A handwritten signature in cursive script that reads "Laura Mohrman".

Laura Mohrman, Licensing Staff  
Bureau of Community and Health Systems  
234 W. Baraga Ave.  
Marquette, MI 49855  
(906) 290-3428

enclosure

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

**I. IDENTIFYING INFORMATION**

<b>License#:</b>	AH520337520
<b>Licensee Name:</b>	CHT Brookridge Heights MI Tenant Corp
<b>Licensee Address:</b>	Suite 500 1423 Clarkview Road Baltimore, MD 21209
<b>Licensee Telephone #:</b>	(410) 427-2700
<b>Authorized Representative/</b>	Jennifer Huetter, Authorized Repr.
<b>Administrator/Licensee Designee:</b>	Jennifer Huetter
<b>Name of Facility:</b>	Brookridge Heights Assist
<b>Facility Address:</b>	1901 Division Marquette, MI 49855
<b>Facility Telephone #:</b>	(906) 225-4488
<b>Original Issuance Date:</b>	01/08/2013
<b>Capacity:</b>	126
<b>Program Type:</b>	AGED

## II. METHODS OF INSPECTION

Date of On-site Inspection(s): 10/21/2021

Date of Bureau of Fire Services Inspection if applicable: 01/14/2021

Inspection Type:  Interview and Observation  Worksheet  
 Combination

Date of Exit Conference: 10/21/2021

No. of staff interviewed and/or observed 5  
No. of residents interviewed and/or observed 30  
No. of others interviewed [redacted] 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. This facility does not hold funds for residents
- 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: BFS
- Number of excluded employees followed up? 1 N/A

### III. DESCRIPTION OF FINDINGS & CONCLUSIONS

The facility was found to be in substantial compliance with the public health code and administrative rules regulating home for the aged facilities.

### IV. RECOMMENDATION

Renewal of the license is recommended.

*Laura Mahman*

11/4/2021

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Licensing Consultant

Date