



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

ORLENE HAWKS
DIRECTOR

February 4, 2022

Beth Mell
Brookdale Portage MC
3150 Old Centre Avenue
Portage, MI 49002

RE: License #: AH390236936
Brookdale Portage MC
3150 Old Centre Avenue
Portage, MI 49002

Dear Ms. Mell:

An administrative review of your licensing activity for the past year has revealed substantial compliance with the public health code and administrative rules regulating home for the aged facilities. Therefore, in accordance with MCL 333.20155(1) Home for the Aged license has been renewed. Your 12-month regular license is effective until 10/10/2022. It is valid only at the address listed and is not transferable.

Please review the enclosed documentation for accuracy and contact me with any questions. In the event I am not available, and you need to speak to someone immediately, please feel free to contact the local office at (616) 356-0100.

Sincerely,

A handwritten signature in cursive script that reads "Julie Viviano".

Julie Viviano, Licensing Staff
Bureau of Community and Health Systems
Unit 13, 7th Floor
350 Ottawa, N.W.
Grand Rapids, MI 49503
Cell (616) 204-4300

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

I. IDENTIFYING INFORMATION

License #: AH390236936

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, Authorized Repr.
Tanya Schafer, Designee

Administrator/Licensee Designee:

Name of Facility: Brookdale Portage MC

Facility Address: 3150 Old Centre Avenue
Portage, MI 49002

Facility Telephone #: (269) 324-3141

Original Issuance Date: 10/01/1999

Capacity: 38

Program Type: ALZHEIMERS
AGED

II. METHODS OF INSPECTION

Date of On-site Inspection(s):

Date of Bureau of Fire Services Inspection if applicable:

Inspection Type: Interview and Observation Worksheet
 Combination

Date of Exit Conference:

No. of staff interviewed and/or observed

No. of residents interviewed and/or observed

No. of others interviewed 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.
- 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:
- Number of excluded employees followed up? N/A

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

The facility is in compliance with all applicable rules and statutes.
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

Choose one:

I recommend issuance of a regular license to this AFC homes for the aged.

Upon receipt of an acceptable corrective action plan, I recommend issuance of a regular license to this AFC homes for the aged.

An acceptable corrective action plan has been received. Renewal of the license is recommended.

OR

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

OR

Contingent upon receipt of an acceptable corrective action plan, issuance of a provisional license is recommended.

OR

A Correction Order is recommended. See attached.

OR

An Emergency Order is recommended. See attached.

OR

Refusal to renew the license is recommended.

Licensing Consultant Date