

GRETCHEN WHITMER
GOVERNOR

# STATE OF MICHIGAN DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS LANSING

ORLENE HAWKS DIRECTOR

February 9, 2022

Beth Mell Brookdale Portage AL 3100 Old Centre Avenue Portage, MI 49002

RE: License #: AH390236942

Brookdale Portage AL 3100 Old Centre Avenue Portage, MI 49002

Dear Ms. Mell:

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 until 2/2/2023. 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 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,

Ques hirano

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 #:	AH390236942	
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 Rufo	
N 6 = 111		
Name of Facility:	Brookdale Portage AL	
Facility Address.	3100 Old Centre Avenue	
Facility Address:		
	Portage, MI 49002	
Facility Telephone #:	(269) 324-3344	
1 dointy 1010phono #1	(200) 024 0044	
Original Issuance Date:	10/01/1998	
	13,5 ., 1300	
Capacity:	72	
Program Type:	AGED	

# **II. METHODS OF INSPECTION**

Date of On-site Inspecti	on(s): No On-site inspection	
Date of Bureau of Fire S	Services Inspection if applicable: E	BFS - A 02/09/2022
Inspection Type:	☐Interview and Observation ☐Combination	⊠Worksheet
Date of Exit Conference	e: 2/9/2022	
No. of staff interviewed No. of residents intervie No. of others interviewe	ewed and/or observed	
Medication pass / s	simulated pass observed? Yes 🗌	No 🗌 If no, explain.
<ul> <li>Medication(s) and medication records(s) reviewed? Yes  No If no, explain.</li> <li>Resident funds and associated documents reviewed for at least one resident? Yes  No If no, explain.</li> <li>Meal preparation / service observed? Yes  No If no, explain.</li> </ul>		
Fire drills reviewed? Yes □ No □ If no, explain.		
● Water temperatures checked? Yes ☐ No ☐ If no, explain.		
·	v-up? Yes ☐ IR date/s: N// lan compliance verified? Yes ☐	A ☐ CAP date/s and rule/s:
Number of excluded	l employees followed up?	N/A 🗌

## **III. DESCRIPTION OF FINDINGS & CONCLUSIONS**

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

## IV. RECOMMENDATION

Renewal of the license is recommended due to receipt of approved BFS rating.

Date Licensing Consultant