

GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS LANSING

ORLENE HAWKS DIRECTOR

February 2, 2022

Surindar Jolly Brownstown Forest View Assisted Living 19341 Allen Rd. Brownstown, MI 48183

RE: License #: AH820238949

Brownstown Forest View Assisted Living

19341 Allen Rd.

Brownstown, MI 48183

Dear Mr. Jolly:

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.

Upon receipt of an acceptable corrective action plan, a regular license will be issued. If you fail to submit an acceptable corrective action plan, disciplinary action will result. 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 (517) 284-9730.

Sincerely,

Brender Howard, Licensing Staff

Spender J. Hound

Bureau of Community and Health Systems

611 W. Ottawa Street

P.O. Box 30664

Lansing, MI 48909

(313) 268-1788

enclosure

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

I. IDENTIFYING INFORMATION

License #: AH820238949

Licensee Name: Brownstown Assisted Living Center LLC

Licensee Address: 19335 Allen Road

Brownstown, MI 48183

Licensee Telephone #: (734) 658-4308

Authorized Surindar Jolly

Representative/Administrator:

Name of Facility: Brownstown Forest View Assisted Living

Facility Address: 19341 Allen Rd.

Brownstown, MI 48183

Facility Telephone #: (734) 675-2700

Original Issuance Date: 08/14/2002

Capacity: 76

Program Type: AGED

II. METHODS OF INSPECTION

Date of On-site Inspection	(s): 01/31	01/31/2022						
Date of Bureau of Fire Ser	vices Inspection if applicable	12/1/2021						
Inspection Type:	☐Interview and Observation☐Combination	n ⊠Worksheet						
Date of Exit Conference:	02/02/2022							
No. of staff interviewed and No. of residents interviewed No. of others interviewed		13 52 ember						
Medication pass / sim	ulated 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. No funds held for the residents Meal preparation / service observed? Yes ∑ No ☐ If no, explain. 								
Interviewed staff on th	Yes ☐ No ☒ If no, explain. e policy and procedures hecked? Yes ☒ No ☐ If no	o, explain.						
•	• •	· ——						

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

Timo lability was	found to be in non-compliance with the following rules:					
R 325.1932	Resident medications.					
	(5) A home shall take reasonable precautions to ensure or assure that prescription medication is not used by a person other than the resident for whom the medication is prescribed.					
	unt book on the second floor did not have all signatures indicating count was completed.					
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.					

IV. RECOMMENDATION

Contin	igent ι	ıpon r	eceipt of a	an accep	table cor	rective a	action plar	า, renewa	l of the	license
is reco	mmer	nded.								
4		1	1h . 0							

2/2/2022

Date

Licensing Consultant