

July 18, 2022

Tanya Schafer
Brookdale Senior Living Communities, Inc.
Suite 2300
6737 West Washington St.
Milwaukee, WI 53214

RE: License #: AL130077494
Brookdale Battle Creek MC (MI)
197 Lois Drive
Battle Creek, MI 49015

Dear Ms. Schafer:

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 plan, a regular license will be issued. If you fail to submit an acceptable corrective action plan, disciplinary action will result.

Please contact me with any questions. In the event that I am not available and you need to speak to someone immediately, you may contact the local office at (517) 284-9730.

Sincerely,

A handwritten signature in black ink that reads "Cathy Cushman". The signature is written in a cursive, flowing style.

Cathy Cushman, Licensing Consultant
Bureau of Community and Health Systems
611 W. Ottawa Street
P.O. Box 30664
Lansing, MI 48909
(269) 615-5190

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

I. IDENTIFYING INFORMATION

License #: AL130077494

Licensee Name: Brookdale Senior Living Communities, Inc.

Licensee Address: Suite 2300
6737 West Washington St.
Milwaukee, WI 53214

Licensee Telephone #: (414) 918-5000

Licensee Designee: Tanya Schafer

Administrator: Barbara Woodward-Boons

Name of Facility: Brookdale Battle Creek MC (MI)

Facility Address: 197 Lois Drive
Battle Creek, MI 49015

Facility Telephone #: (269) 979-9511

Original Issuance Date: 11/03/1997

Capacity: 20

Program Type: PHYSICALLY HANDICAPPED
ALZHEIMERS
AGED

II. METHODS OF INSPECTION

Date of On-site Inspection: 07/12/2022

Date of Bureau of Fire Services Inspection if applicable: 05/20/2021

Date of Health Authority Inspection if applicable: N/A

Inspection Type: Interview and Observation Worksheet
 Combination Full Fire Safety

No. of staff interviewed and/or observed 2
No. of residents interviewed and/or observed 10
No. of others interviewed [redacted] Role: [redacted]

- Medication pass / simulated pass observed? Yes No If no, explain.
- Medication(s) and medication record(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.
- Fire safety equipment and practices observed? Yes No If no, explain.
- E-scores reviewed? (Special Certification Only) Yes No N/A
If no, explain.
- Water temperatures checked? Yes No If no, explain.
- Incident report follow-up? Yes No If no, explain.
- Corrective action plan compliance verified? Yes CAP date/s and rule/s:
N/A
- Number of excluded employees followed-up? N/A
- Variances? Yes (please explain) No N/A

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

This facility was found to be in non-compliance with the following rules:

R 400.15205 Health of a licensee, direct care staff, administrator, other employees, those volunteers under the direction of the licensee, and members of the household.

(3) A licensee shall maintain, in the home, and make available for department review, a statement that is signed by a licensed physician or his or her designee attesting to the physician's knowledge of the physical health of direct care staff, other employees, and members of the household. The statement shall be obtained within 30 days of an individual's employment, assumption of duties, or occupancy in the home.

FINDING: Upon review of staff files, there was no record of an initial medical statement for direct care staff, Melissa Wilson or Scott Williams, as required.

R 400.15205 Health of a licensee, direct care staff, administrator, other employees, those volunteers under the direction of the licensee, and members of the household.

(5) A licensee shall obtain written evidence, which shall be available for department review, that each direct care staff, other employees, and members of the household have been tested for communicable tuberculosis and that if the disease is present, appropriate precautions shall be taken as required by state law. Current testing shall be obtained before an individual's employment, assumption of duties, or occupancy in the home. The results of subsequent testing shall be verified every 3 years thereafter or more frequently if necessary.

FINDING: Upon review of staff files, there was no written evidence for review direct care staff, Melissa Wilson or Scott Williams, had TB tests completed at hire.

R 400.15205 Health of a licensee, direct care staff, administrator, other employees, those volunteers under the direction of the licensee, and members of the household.

(6) A licensee shall annually review the health status of the administrator, direct care staff, other employees, and

members of the household. Verification of annual reviews shall be maintained by the home and shall be available for department review.

FINDING: Direct care staff, Sherry Connell, who had worked at the facility for multiple years, did not have verification her health care status had been reviewed for the last four years except 2021.

R 400.15208 Direct care staff and employee records.

(1) A licensee shall maintain a record for each employee. The record shall contain all of the following employee information:

(f) Verification of reference checks.

FINDING: Multiple direct care staff, including Scott Williams and Anthony Connell, did not have verification of reference checks in their staff files.

R 400.15301 Resident admission criteria; resident assessment plan; emergency admission; resident care agreement; physician's instructions; health care appraisal.

(10) At the time of the resident's admission to the home, a licensee shall require that the resident or the resident's designated representative provide a written health care appraisal that is completed within the 90-day period before the resident's admission to the home. *A written health care appraisal shall be completed at least annually.* If a written health care appraisal is not available at the time of an emergency admission, a licensee shall require that the appraisal be obtained not later than 30 days after admission. A department health care appraisal form shall be used unless prior authorization for a substitute form has been granted, in writing, by the department.

FINDING: Upon review of resident files, Resident A did not have a *Health Care Appraisal* completed for 2020 available for review.

R 400.15301 Resident admission criteria; resident assessment plan; emergency admission; resident care agreement; physician's instructions; health care appraisal.

(4) At the time of admission, and at least annually, a written assessment plan shall be completed with the resident or the resident's designated representative, the responsible agency, if applicable, and the licensee. A licensee shall

maintain a copy of the resident's written assessment plan on file in the home.

FINDING: Resident B's assessment plan did not have her designated representative's signature; despite being admitted into the facility on 01/03/2022, indicating the assessment plan was not completed in conjunction with the designated representative

R 400.15315 Handling of resident funds and valuables.

(3) A licensee shall have a resident's funds and valuables transaction form completed and on file for each resident. A department form shall be used unless prior authorization for a substitute form has been granted, in writing, by the department.

FINDING: There were no Resident Funds II forms documenting Adult Foster Care payments available for review in any resident files, as required. The facility's Executive Director, Dawn Hussey, indicated the licensee submitted a variance request in February 2021; however, there was no documentation a variance or substitute form had been approved. Variance requests should be submitted to the *facility's specific licensing consultant.*

R 400.15403 Maintenance of premises.

(15) A written report shall be made to the adult foster care licensing division of the department, the resident's designated representative, and the responsible agency within 48 hours, excluding holidays and weekends, of the occurrence of any fire and property damage of more than \$5,000.00.

FINDING: There is no record a written report was made to licensing or the Department regarding a burst dry pipe in the facility on or around January 2022. This burst pipe caused significant damage to several resident bedrooms resulting in standing water and subsequently drywall repair. While Ms. Hussey and the facility's maintenance personnel provided documentation the damage was appropriately addressed and inspected by Fire Pros and other respective agencies, occurrences of any fire and/or property damage of more than \$5000.00 requires a written report to licensing.

R 400.15408 Bedrooms generally.

(4) Interior doorways of bedrooms that are occupied by residents shall be equipped with a side-hinged,

permanently mounted door that is equipped with positive-latching, nonlocking-against-egress hardware.

FINDING: Resident bedroom #14 was locking against egress.

R 400.15410 Bedroom furnishings.

(5) A licensee shall provide a resident with a bed that is not less than 36 inches wide and not less than 72 inches long. The foundation shall be clean, in good condition, and provide adequate support. The mattress shall be clean, comfortable, in good condition, well protected, and not less than 5 inches thick or 4 inches thick if made of synthetic materials. The use of a waterbed is not prohibited by this rule.

FINDING: The resident in bedroom #1 did not have a bed. Ms. Hussey indicated the resident preferred to sleep in her chair. A licensee shall provide a resident with a bed, as required, unless a variance has been approved for a resident to sleep in chair or some other alternative.

IV. RECOMMENDATION

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



07/18/2022

Date

Licensing Consultant