



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

ORLENE HAWKS  
DIRECTOR

October 3, 2022

Amy Borzymowski  
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. Borzymowski:

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 10/10/2023. 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,

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**

<b>License #:</b>	AH390236936
<b>Licensee Name:</b>	Brookdale Senior Living Communities, Inc.
<b>Licensee Address:</b>	Suite 2300 6737 West Washington St. Milwaukee, WI 53214
<b>Licensee Telephone #:</b>	(414) 918-5000
<b>Authorized Representative:</b>	Amy Borzymowski
<b>Administrator/Licensee Designee:</b>	Kayla Davis
<b>Name of Facility:</b>	Brookdale Portage MC
<b>Facility Address:</b>	3150 Old Centre Avenue Portage, MI 49002
<b>Facility Telephone #:</b>	(269) 324-3141
<b>Original Issuance Date:</b>	10/01/1999
<b>Capacity:</b>	38
<b>Program Type:</b>	ALZHEIMERS AGED

## II. METHODS OF INSPECTION

Date of On-site Inspection(s): 09/29/2022

Date of Bureau of Fire Services Inspection if applicable: BFS – A 2/1/2022

Inspection Type:  Interview and Observation  Worksheet  
 Combination

Date of Exit Conference: 09/29/2022

No. of staff interviewed and/or observed 9  
No. of residents interviewed and/or observed 12  
No. of others interviewed 0 Role N/A

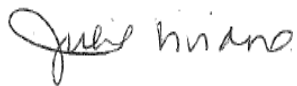
- Medication pass / simulated pass observed? Yes  No  If no, explain.
- Medication(s) and medication records(s) reviewed? Yes  No  If no, explain.
- Resident funds and associated documents reviewed for at least one resident? Yes  No  If no, explain. The home does not hold resident funds in trust.
- Meal preparation / service observed? Yes  No  If no, explain.
- Fire drills reviewed? Yes  No  If no, explain.  
Reivewed disaster plans along with interviewed staff on policies and procedures.
- Water temperatures checked? Yes  No  If no, explain.
- Incident report follow-up? Yes  IR date/s:5/7/2021 N/A
- Corrective action plan compliance verified? Yes  CAP date/s and rule/s:  
2021A1021029 - 5/7/2021
- Number of excluded employees followed up? 0 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.



10/3/2022

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Licensing Consultant Date