



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

MARLON I. BROWN, DPA  
ACTING DIRECTOR

January 10, 2024

Mary North  
Brookdale Meridian MC  
5250 Marsh Road  
Haslett, MI 48840

RE: License #:	AH330236935 <b>Brookdale Meridian MC</b> <b>5250 Marsh Road</b> <b>Haslett, MI 48840</b>
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Dear Mary North:

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 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,

Kimberly Horst, Licensing Staff  
Bureau of Community and Health Systems  
611 W. Ottawa Street  
Lansing, MI 48909

enclosure

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

**I. IDENTIFYING INFORMATION**

<b>License #:</b>	AH330236935
<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>	Mary North Marcie Eckert
<b>Administrator:</b>	
<b>Name of Facility:</b>	Brookdale Meridian MC
<b>Facility Address:</b>	5250 Marsh Road Haslett, MI 48840
<b>Facility Telephone #:</b>	(517) 349-2662
<b>Original Issuance Date:</b>	01/16/2000
<b>Capacity:</b>	36
<b>Program Type:</b>	AGED ALZHEIMERS

## II. METHODS OF INSPECTION

Date of On-site Inspection(s): 01/08/2024

Date of Bureau of Fire Services Inspection if applicable: 02/02/2023

Inspection Type:  Interview and Observation  Worksheet  
 Combination

Date of Exit Conference: 01/10/2024

No. of staff interviewed and/or observed 4

No. of residents interviewed and/or observed 15

No. of others interviewed 3 Role Hospice nurses

- 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. Resident funds not kept onsite
- Meal preparation / service observed? Yes  No  If no, explain.
- Fire drills reviewed? Yes  No  If no, explain.  
Disaster plans reviewed and staff interviewed.
- 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? 3 N/A

### III. DESCRIPTION OF FINDINGS & CONCLUSIONS

This facility was found to be in non-compliance with the following rules:	
<b>R 325.1922</b>	<b>Admission and retention of residents.</b>
	<b>(5) A home shall update each resident's service plan at least annually or if there is a significant change in the resident's care needs. Changes shall be communicated to the resident and his or her authorized representative, if any.</b>
Interviews conducted revealed Resident A is active with hospice. Review of Resident A's service plan omitted all information on the role of hospice in the care of Resident A.	
<b>R 325.1922</b>	<b>Admission and retention of residents.</b>
	<b>(7) An individual admitted to residence in the home shall have evidence of initial tuberculosis screening on record in the home that was performed within 12 months before admission. Initial screening may consist of an intradermal skin test, a blood test, a chest x-ray, or other methods recommended by the public health authority. The screening type and frequency of routine tuberculosis (TB) testing shall be determined by a risk assessment as described in the 2005 MMWR "Guidelines for Preventing the Transmission of Mycobacterium tuberculosis in Health-Care Settings, 2005" (<a href="http://www.cdc.gov/mmwr/pdf/rr/rr5417.pdf">http://www.cdc.gov/mmwr/pdf/rr/rr5417.pdf</a>), Appendices B and C, and any subsequent guidelines as published by the centers for disease control and prevention. A home, and each location or venue of care, if a home provides care at multiple locations, shall complete a risk assessment annually. Homes that are low risk do not have to conduct annual TB testing for residents.</b>
Review of facility documents revealed the facility did not complete the tuberculosis annual risk assessment for years 2022 and 2023.	
<b>R 325.1953</b>	<b>Menus.</b>
	<b>(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.</b>

Inspection of the facility revealed the menu was not posted for the current week.

**IV. RECOMMENDATION**

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

*Kimberly Host*

01/10/2024

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Licensing Consultant Date