



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
ACTING DIRECTOR

January 25, 2024

Lynda Sallee
Brentwood at Niles
1147 South Third Street
Niles, MI 49120

RE: License #: AH110376315
Brentwood at Niles
1147 South Third Street
Niles, MI 49120

Dear Lynda Sallee:

Attached is the Licensing Study Report for the above referenced facility. The study has determined substantial compliance with applicable licensing statutes and rules. The license will be renewed once the license renewal fee is received. 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 (517) 284-9730.

Sincerely,

A handwritten signature in cursive script, appearing to read "Julie Viviano".

Julie Viviano, Licensing Staff
Bureau of Community and Health Systems
Unit 13, 7th Floor
350 Ottawa, N.W.
Grand Rapids, MI 49503

enclosure

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

I. IDENTIFYING INFORMATION

License #:	AH110376315
Licensee Name:	GAHC3 Niles MI ALF TRS Sub, LLC
Licensee Address:	Suite 300 1819 Von Karman Avenue Irvine, CA 92612
Licensee Telephone #:	(971) 204-7200
Authorized Representative/Administrator/Licensee Designee:	Lynda Salle
Name of Facility:	Brentwood at Niles
Facility Address:	1147 South Third Street Niles, MI 49120
Facility Telephone #:	(269) 684-9470
Original Issuance Date:	06/04/2015
Capacity:	80
Program Type:	ALZHEIMERS AGED

II. METHODS OF INSPECTION

Date of On-site Inspection(s): 01/22/2024

Date of Bureau of Fire Services Inspection if applicable: BFS – C; 11/6/2023

Inspection Type: Interview and Observation Worksheet
 Combination

Date of Exit Conference: 1/22/2024

No. of staff interviewed and/or observed 16

No. of residents interviewed and/or observed 43

No. of others interviewed 0 Role N/A

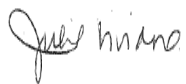
- Medication pass / simulated pass observed? Yes No If no, explain.
- Medication(s) and medication records(s) reviewed? Yes No If no, explain.
- Resident funds and associated documents reviewed for at least one resident? Yes No If no, explain. The home does not hold funds in trust.
- Meal preparation / service observed? Yes No If no, explain.
- Fire drills reviewed? Yes No If no, explain.
Reviewed 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: 3/1/2023 - 1/22/2024 N/A
- Corrective action plan compliance verified? Yes CAP date/s and rule/s: N/A
- 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

I recommend issuance of a regular license to this AFC homes for the aged once the license renewal fee is received.



1/25/2024

Licensing Consultant

Date