



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

MARLON I. BROWN, DPA  
DIRECTOR

June 4, 2024

Jennifer Huetter  
Brookridge Heights Assist  
1901 Division  
Marquette, MI 49855

RE: License #: AH520337520  
Brookridge Heights Assist  
1901 Division  
Marquette, MI 49855

Dear Licensee:

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. 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 that I am not available and you need to speak to someone immediately, please feel free to contact the local office at (517) 241-1970.

Sincerely,

A handwritten signature in blue ink that reads "Lauren Wohlfert".

Lauren Wohlfert, Licensing Staff  
Bureau of Community and Health Systems  
Unit 13, 7th Floor  
350 Ottawa, N.W.  
Grand Rapids, MI 49503  
(616) 260-7781

enclosure

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

**I. IDENTIFYING INFORMATION**

<b>License #:</b>	AH520337520
<b>Licensee Name:</b>	CHT Brookridge Heights MI Tenant Corp
<b>Licensee Address:</b>	Suite 500 1423 Clarkview Road Baltimore, MD 21209
<b>Licensee Telephone #:</b>	(410) 427-2700
<b>Authorized Representative/ Administrator:</b>	Jennifer Huetter
<b>Name of Facility:</b>	Brookridge Heights Assist
<b>Facility Address:</b>	1901 Division Marquette, MI 49855
<b>Facility Telephone #:</b>	(906) 225-4488
<b>Original Issuance Date:</b>	01/08/2013
<b>Capacity:</b>	126
<b>Program Type:</b>	AGED

## II. METHODS OF INSPECTION

Date of On-site Inspection(s): 05/30/2024

Date of Bureau of Fire Services Inspection if applicable: 11/13/2023

Inspection Type:  Interview and Observation  Worksheet  
 Combination

Date of Exit Conference: 05/30/2024

No. of staff interviewed and/or observed 11  
No. of residents interviewed and/or observed 46  
No. of others interviewed 1 Role Resident daughter

- 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. No resident funds held in trust
- Meal preparation / service observed? Yes  No  If no, explain.
- Fire drills reviewed? Yes  No  If no, explain.  
Bureau of Fire Service reviews fire drills, disaster plans reviewed with staff
- 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:  
Special Investigation Report (SIR) 2023A1021088 rule 1931(5) CAP dated 10/31/2023 and SIR 2024A1010005 rule 1953 (1) CAP dated 01/24/2024
- Number of excluded employees followed up? 6 N/A

**III. DESCRIPTION OF FINDINGS & CONCLUSIONS**

The facility was found to be in substantial compliance with the public health code and administrative rules regulating home for the aged facilities.

**IV. RECOMMENDATION**

I recommend renewal of the license for this home for the aged facility.



06/04/2024

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Date

Licensing Consultant