



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

MARLON I. BROWN, DPA  
DIRECTOR

January 9, 2025

Mary North  
Brookdale Farmington Hills North I  
27950 Drake Road  
Farmington Hills, MI 48331

RE: License #: AH630236928

Dear Licensee:

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.

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,

A handwritten signature in blue ink, appearing to read "Elizabeth Gregory-Weil".

Elizabeth Gregory-Weil, Licensing Staff  
Bureau of Community and Health Systems  
611 W. Ottawa Street  
P.O. Box 30664  
Lansing, MI 48909  
(810) 347-5503

enclosure

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

**I. IDENTIFYING INFORMATION**

<b>License #:</b>	AH630236928
<b>Licensee Name:</b>	Brookdale Senior Living Communities, Inc.
<b>Licensee Address:</b>	105 Westwood Place Brentwood, TN 37027
<b>Licensee Telephone #:</b>	(615) 221-2250
<b>Authorized Representative:</b>	Mary North
<b>Administrator:</b>	Rebecca Eagle
<b>Name of Facility:</b>	Brookdale Farmington Hills North I
<b>Facility Address:</b>	27950 Drake Road Farmington Hills, MI 48331
<b>Facility Telephone #:</b>	(248) 489-9362
<b>Original Issuance Date:</b>	07/01/1999
<b>Capacity:</b>	28
<b>Program Type:</b>	ALZHEIMERS AGED

## II. METHODS OF INSPECTION

Date of On-site Inspection(s): 01/07/2025

Date of Bureau of Fire Services Inspection if applicable: 04/17/2024- "C" rating

Inspection Type: ☐ Interview and Observation ☒ Worksheet  
☐ Combination

Date of Exit Conference: 01/08/2025

No. of staff interviewed and/or observed 5

No. of residents interviewed and/or observed 6

No. of others interviewed 0 Role

- 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 facility does not hold resident funds in trust.
- Meal preparation / service observed? Yes ☒ No ☐ If no, explain.
- Fire drills reviewed? Yes ☐ No ☒ If no, explain.  
The Bureau of Fire Services reviews fire drills, however facility disaster planning procedures were reviewed.
- 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: Compliance was not verified, as this report contains repeat violations.
- Number of excluded employees followed up? 6 N/A ☐

### III. DESCRIPTION OF FINDINGS & CONCLUSIONS

This facility was found to be in non-compliance with the following administrative rules regulating home for the aged facilities:	
<b>R 325.1922</b>	<b>Admission and retention of residents.</b>
	<p><b>(7) An individual admitted to residence in the home shall have evidence of 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></p>
Resident A moved into the facility on 12/12/23 but her TB screen was not completed until after she moved in on 1/4/24.	
<b>R 325.1923</b>	<b>Employee's health.</b>
	<p><b>(2) A home shall provide initial tuberculosis screening at no cost for its employees. New employees shall be screened within 10 days of hire and before occupational exposure. 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. Each home, and each location or venue of care, if a home provides care at</b></p>

	<b>multiple locations, shall complete a risk assessment annually. Homes that are low risk do not need to conduct annual TB testing for employees.</b>
Employee 1's did not contain evidence that initial TB testing was completed within the timeframe requirement outlined by this rule. Employee 1's hire date is 9/27/24 and her TB test on file was completed on 5/4/24.	
<b>R 325.1932</b>	<b>Resident medications.</b>
	<b>(2) Prescribed medication managed by the home shall be given, taken, or applied pursuant to labeling instructions, orders and by the prescribing licensed health care professional.</b>
<p>Medication administration records (MAR) were reviewed for the previous five weeks. The following observations were made:</p> <p>Resident A is prescribed oxybutynin and ordered to take it twice daily (morning and bedtime). Resident A missed one scheduled dose on 12/15/24, 12/16/24 and 12/17/24. Staff documented the reason for the missed doses as <i>"waiting on medication from pharmacy"</i>, <i>"medication unavailable"</i> and <i>"awaiting medication from pharmacy"</i>; however, staff intermittently documented that the medication was administered in between doses where staff indicated that the medication was not available. The documented administrations of the medication on the above dates is considered to be a documentation error since the medication was not in the building to administer.</p> <p>Resident B missed a dose of her multivitamin on 1/2/25 and a dose of vitamin D3 on 1/2/25, 1/3/25, 1/4/25, 1/5/25 and 1/7/25; however, staff documented that the vitamin D3 was administered to Resident B on 1/6/25 in between doses where staff indicated that the medication was not available. The documented administration of the medication on the above date is considered to be a documentation error since the medication was not in the building to administer.</p> <p>In follow up correspondence, the administrator provided progress note documentation. A progress note dated 1/2/25 read <i>"awaiting meds from pharmacy"</i>. A progress note dated 1/3/25 read <i>"resident is out of medication"</i>. A progress note dated 1/4/25 read <i>"awaiting meds from pharmacy"</i>. A progress note dated 1/5/25 read <i>"awaiting meds from the pharmacy"</i>. A progress note dated 1/7/25 read <i>"resident is out of medication"</i>. A late entry progress note dated 1/7/25 read that Resident B's family provides her vitamins. A progress note dated 1/8/25 read <i>"family has been notified that additional vitamins are needed at this time"</i>. Based on progress note documentation, staff assumed that the medications were supposed to</p>	

come from the pharmacy when in fact the resident's family provides her vitamins. Facility staff failed to inform the family timely when the resident ran out of medication and several doses were missed.	
<b>R 325.1954</b>	<b>Meal and food records.</b>
	<b>The home shall maintain a record of the meal census, to include residents, personnel, and visitors, and a record of the kind and amount of food used for the preceding 3-month period.</b>
Meal census records maintained by the facility were combined with another building on campus and included meal counts that were for residents outside of this license.  <b>[REPEAT VIOLATION ESTABLISHED]</b>	
<b>R 325.1968</b>	<b>Toilet and bathing facilities.</b>
	<b>(4) A resident toilet room or bathroom shall not be used for storage or housekeeping functions.</b>
The communal bathroom located in the "C" wing was being used for storage and housekeeping purposes.	
<b>R 325.1976</b>	<b>Kitchen and dietary.</b>
	<b>(6) Food and drink used in the home shall be clean and wholesome and shall be manufactured, handled, stored, prepared, transported, and served so as to be safe for human consumption.</b>
Multiple perishable food items in the commercial kitchen's refrigerator and freezer were left uncovered and out in the open air without proper sealing or labels identifying when the packing was opened or when the items were prepared. These items include but are not limited to bacon (raw), cheese, chicken (raw), cookie dough (frozen), fruit salad, hamburger patties (frozen), pasta (cooked) and sausage patties (frozen).  <b>[REPEAT VIOLATION ESTABLISHED]</b>	

#### IV. RECOMMENDATION

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



01/09/2025

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Elizabeth Gregory-Weil  
Licensing Consultant

Date