



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
DIRECTOR

March 20, 2025

Carol Del Raso
Briarwood Assisted Living
620 Ely St.
Allegan, MI 49010

RE: License #: AH030293792
Briarwood Assisted Living
620 Ely St.
Allegan, MI 49010

Dear Carol Del Raso:

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 licensee or licensee designee or 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 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,

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

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

I. IDENTIFYING INFORMATION

License #:	AH030293792
Licensee Name:	Ely Street Opco LLC
Licensee Address:	4500 Dorr Street Toledo, OH 43615
Licensee Telephone #:	(419) 247-2800
Authorized Representative:	Carol Del Raso
Administrator/Licensee Designee:	Judy Finnie
Name of Facility:	Briarwood Assisted Living
Facility Address:	620 Ely St. Allegan, MI 49010
Facility Telephone #:	(269) 673-9536
Original Issuance Date:	06/10/2008
Capacity:	55
Program Type:	ALZHEIMERS AGED

II. METHODS OF INSPECTION

Date of On-site Inspection(s): 03/18/2025

Date of Bureau of Fire Services Inspection if applicable: BFS - A; 1/10/2024

Inspection Type: ☐ Interview and Observation ☒ Worksheet
☐ Combination

Date of Exit Conference: 3/18/2025

No. of staff interviewed and/or observed 9
No. of residents interviewed and/or observed 28
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 keep resident 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: 2/20/2025 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

This facility was found to be in non-compliance with the following rules:

R 325.1922	Admission and retention of residents.
	(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.
ANALYSIS:	Review of six resident records revealed one resident TB screening could not be located or found in the record. A resident TB screening must be performed by the local health professional 12 months prior to admission to the facility.
CONCLUSION:	VIOLATION ESTABLISHED

R 325.1975	Laundry and linen requirements.
	(1) A new construction, addition, major building change, or conversion after November 14, 1969 shall provide all of the following: (b) A separate clean linen storage room.
ANALYSIS:	Inspection revealed items such as an ironing board, wheelchair foot pedals, resident personal laundry, and housekeeping cleaning items stored with the clean linens. This poses a risk for cross contamination. Clean linens must be stored separate of all other items in the clean linen storage area/room.
CONCLUSION:	VIOLATION ESTABLISHED

R 325.1976	Kitchen and dietary.
	(13) A multi-use utensil used in food storage, preparation, transport, or serving shall be thoroughly cleaned and sanitized after each use and shall be handled and stored in a manner which will protect it from contamination.

ANALYSIS:	Review of the dishwasher sanitization log for February 2025 revealed incomplete and/or blank entries of dishwasher sanitization temperatures for February 2-5, 2025. It could not be determined if the dishwasher was tested thoroughly to ensure cleanliness and sanitization of dishware and utensils due to the incomplete and/or blank entries
CONCLUSION:	VIOLATION ESTABLISHED

R 325.1976	Kitchen and dietary.
	(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.
ANALYSIS:	On-site inspection revealed multiple food items were found unlabeled in the assisted living area kitchenette freezer, the memory care area kitchenette refrigerator, and the activities room refrigerator and cabinets. These items were not labeled with the appropriate open date, and it could not be determined if the food items were safe for human consumption. An open date must be placed on food items served to residents in the facility once opened.
CONCLUSION:	VIOLATION ESTABLISHED

R 325.1979	General maintenance and storage.
	(3) Hazardous and toxic materials shall be stored in a safe manner.
ANALYSIS:	Inspection revealed hazardous and toxic chemicals along with sharp items stored in an unlocked kitchenette drawer and a lower cabinet with a non-functioning locking mechanism in the memory care area. Hazardous and toxic chemicals along with a sharp item was found unsecured in the activities room. The items were easily accessible to anyone in the facility, and this presents a potential risk of ingestion, harm and/or injury to residents in the home with impaired cognition and/or function.

CONCLUSION:	VIOLATION ESTABLISHED
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IV. RECOMMENDATION

Receipt of an acceptable corrective action plan is requested and due by 4/4/2025.

Julie Marino

3/20/2025

Licensing Consultant Date