



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
DIRECTOR

April 9, 2025

Mary North
Brookdale Adrian
1200 Corporate Drive
Adrian, MI 49221

RE: License #: AH460264382
Brookdale Adrian
1200 Corporate Drive
Adrian, MI 49221

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 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 877-458-2757.

Sincerely,

Jessica Rogers, Licensing Staff
Bureau of Community and Health Systems
611 W. Ottawa Street
P.O. Box 30664
Lansing, MI 48909
(517) 285-7433

enclosure

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

I. IDENTIFYING INFORMATION

License #:	AH460264382
Licensee Name:	BLC Adrian-GC, LLC
Licensee Address:	105 Westwood Place Brentwood, TN 37027
Licensee Telephone #:	(312) 977-3648
Authorized Representative:	Mary North
Administrator:	Christopher Lender
Name of Facility:	Brookdale Adrian
Facility Address:	1200 Corporate Drive Adrian, MI 49221
Facility Telephone #:	(517) 263-8199
Original Issuance Date:	06/04/2004
Capacity:	65
Program Type:	AGED

II. METHODS OF INSPECTION

Date of On-site Inspection(s): 04/08/2025

Date of Bureau of Fire Services Inspection if applicable: 10/02/2024

Inspection Type: ☐ Interview and Observation ☒ Worksheet
☐ Combination

Date of Exit Conference: 04/08/2025

No. of staff interviewed and/or observed 10

No. of residents interviewed and/or observed 18

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. No resident funds held.
- Meal preparation / service observed? Yes ☒ No ☐ If no, explain.
- Fire drills reviewed? Yes ☐ No ☒ If no, explain.
Bureau of Fire Services reviews fire drills. Disaster plan 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: CAP dated 3/23/2023 to Licensing Study Report (LSR) dated 3/16/2023: R 325.1964(9)(b), R 325.1953, R 325.1976(13), R 325.1923(2), R 325.1932(5)
- Number of excluded employees followed up? 7 N/A ☐

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

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

R 325.1921

Governing bodies, administrators, and supervisors.

(1) The owner, operator, and governing body of a home shall do all of the following:

(b) Assure that the home maintains an organized program to provide room and board, protection, supervision, assistance, and supervised personal care for its residents.

Administrator Chris Lender stated Resident A had a bedside assist device.

Upon observing Resident A's bedside assist device, it was found that two devices, commonly referred to as "Halo Rings," were attached securely to the bed frame. However, these devices lacked covers.

In email correspondence with Administrator Chris Lender on 4/8/2025, it was confirmed that the devices were implemented during the second or third week of March 2025.

A review of the facility's bedside assist device policy revealed the following requirements:

- A bedside mobility device risk evaluation must be completed to assess the resident's cognitive ability to understand and properly use the device.
- Bedside mobility devices must be installed according to the manufacturer's guidelines by the Durable Medical Equipment (DME) provider or the community maintenance technician.
- Installation guidelines should be accessed via the TELS Platform and stored in the community maintenance binder.
- The community maintenance technician must document a safety check of the bedside mobility device in the Asset Management TELS system.
- Residents using bedside mobility devices should have a Negotiated Risk Agreement (or another required form) completed to document the use of the device in the resident's record.
- A physician or licensed prescriber's order for the use of any bedside mobility device must be obtained prior to use, specifying that the device is for movement and repositioning in bed.

- Specific instructions for the use of the device should be documented in the resident's Personal Service Plan (PSP), reviewed with relevant staff, and updated as needed.

Review of Resident A's records revealed that the facility had not adhered to its bedside assist device policy and lacked the necessary documentation outlined above.

Given the observations and the absence of an organized plan, the facility has not provided sufficient protective measures to ensure the resident's well-being and safety while using the bedside assistive device.

VIOLATION ESTABLISHED.

R 325.1931 Employees; general provisions.

(3) The home shall designate 1 person on each shift to be supervisor of resident care during that shift. The supervisor of resident care shall be fully dressed, awake, and on the premises when on duty.

Administrator Chris Lender reported that a shift supervisor was on duty for each shift, and if more than one supervisor was present, the most senior would be assigned. However, a review of the schedule from 3/30/2025 to 4/12/2025 revealed that the shift supervisor was not identified.

VIOLATION ESTABLISHED.

R 325.1954 Meal and food records.

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.

During an interview with Employee #1, it was revealed that the home maintained records identifying each resident who was served, but did not track the kind and amount of food provided.

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.

Review of the temperature log for the high temperature dish machine for February and March 2025, revealed there were incomplete. The log read the dish machine temperatures must be monitored and recorded every meal period. However, the February 2025 log read the breakfast meals were left blank for the month and various dates for lunch and dinner were left blank: 2/3/2025, 2/7/2025, 2/10/2025, 2/14/2025, 2/17/2025, 2/21/2025, 2/24/2025, and 2/28/2025. The March 2025 log read the breakfast meals were left blank for the month, and 3/31/2025.

REPEAT VIOLATION ESTABLISHED.

[For reference, see licensing study report (LSR) dated 3/16/2023; CAP dated 3/23/2023]

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.

An inspection of the dining room refrigerator revealed several items that were not dated, including, but not limited to, a large container of applesauce, a small bowl of applesauce, two sandwiches, and mandarin oranges.

VIOLATION ESTABLISHED.

IV. RECOMMENDATION

Contingent upon receipt of an acceptable corrective action plan, the status of this license remains unchanged.



04/09/2025

Date

Licensing Consultant