

GRETCHEN WHITMER GOVERNOR STATE OF MICHIGAN DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS LANSING

MARLON I. BROWN, DPA DIRECTOR

April 7, 2025

Surindar Jolly Brownstown Forest View Assisted Living 19341 Allen Rd. Brownstown, MI 48183

> RE: License #: AH820238949 Brownstown Forest View Assisted Living 19341 Allen Rd. Brownstown, MI 48183

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 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 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,

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Jennifer Heim, Licensing Staff Bureau of Community and Health Systems 611 W. Ottawa Street P.O. Box 30664 Lansing, MI 48909 (313) 410-3226 enclosure

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

# I. IDENTIFYING INFORMATION

License#:	AH820238949	
Licensee Name:	Brownstown Assisted Living Center LLC	
Licensee Address:	19335 Allen Road Brownstown, MI  48183	
Licensee Telephone #:	(734) 658-4308	
Authorized Representative/ Administrator:	Surindar Jolly	
Name of Facility:	Brownstown Forest View Assisted Living	
Facility Address:	19341 Allen Rd. Brownstown, MI 48183	
Facility Telephone #:	(734) 675-2700	
Original Issuance Date:	08/14/2002	
Capacity:	76	

### **II. METHODS OF INSPECTION**

Date of On-site Inspection(s): 01/30/2025

Date of Bureau of Fire Services Inspection if applicable: 12/1/2024

Inspection Type: Interview and Observation Worksheet

Date of Exit Conference: 01/30/2025

No. of staff interviewed an	d/or observed	6
No. of residents interviewe	ed and/or observed	15
No. of others interviewed	N/A 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 X If no, explain. No resident funds held.
- Meal preparation / service observed? Yes 🛛 No 🗌 If no, explain.
- Fire drills reviewed? Yes □ No ⊠ If no, explain.
  Fire drills are reviewed by Bureau of Fire Services, Emergy Prepardness plan reviewed while onsite.
- Water temperatures checked? Yes  $\boxtimes$  No  $\square$  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: 2024A1035030 6/27/2024, 2024A1035015 6/26/2024, 2023A0784090 10/31/2023
- Number of excluded employees followed up?
  N/A X

#### **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. 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? (http://www.cdc.gov/mmwr/pdf/rr/rr5417.pdf), Appendices B and C, and any subsequent guidelines as published by the centers for disease control and prevention. A home

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.

Upon request, TB screening provided for Resident B was completed greater than 12 months prior to admit date.

#### R 325.1923 Employee's health.

(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"

(http://www.cdc.gov/mmwr/pdf/rr/rr5417.pdf), 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 multiple locations, shall complete a risk assessment annually. Homes that are low risk do not need to conduct annual TB testing for employees. Upon request, SP1 was unable to provide SP5 initial TB screening. Additionally, SP1 was unable to provide a TB Risk Assessment.

# R 325.1964 Interiors.

# (12) A floor, wall, or ceiling shall be covered and finished in a manner that will permit maintenance of a sanitary environment.

Through direct observation:

- multiple areas of paint flaking/ peeling on walls and ceiling,
- bathroom tiles missing in unit 213,
- multiple air vents noted with copious amount of dust buildup throughout building in multiple rooms and common area,
- Air filter noted too large for furnace on second floor with copious amount of dust and debris,
- Humidifier noted with surgical glove covering drain in second floor furnace room,
- Second floor soiled linen room noted with water damage on ceiling with peeling paint,
- Boiler room pipe dipping 5-gallon bucket collecting water from dripping pipe,
- Ceiling in boiler room open, with water damage, mold appearing black and grey stains around opening in ceiling,

# R 325.1964 Interiors.

(9) Ventilation shall be provided throughout the facility in the following manner:

(b) Bathing rooms, beauty shops, toilet rooms, soiled linen rooms, janitor closets, and trash holding rooms shall be provided with a minimum of 10 air changes per hour of continuously operated exhaust ventilation that provide discernable air flow into each of these rooms.

Continuous exhaust was not functioning in rooms 124, 125, 201, 212, 224, and common areas on first and second floor.

# VIOLATION ESTABLISHED.

#### R 325.1972 Solid wastes.

All garbage and rubbish shall be kept in leakproof, nonabsorbent containers. The containers shall be kept covered with tight-fitting lids and shall be removed from the home daily and from the premises at least weekly. Large garbage can observed overflowing garbage in hall between kitchen and laundry room.

R 325.1976 Kitchen and dietary.

(8) A reliable thermometer shall be provided for each refrigerator and freezer.

(15) Ice used in the home for any purpose shall be manufactured, stored, transported, and handled in a sanitary manner.

Refrigerators are not being monitored within resident rooms, refrigerator in laundry room noted with spillage and buildup, breakroom refrigerator door broken and ajar no thermometer noted.

Through direct observation an ice scoop was noted in ice chest on first floor unit.

#### R 325.1979 General maintenance and storage.

# (1) The building, equipment, and furniture shall be kept clean and in good repair.

Two office areas on first floor being used as storage areas, multiple items noted on floor, overflowing boxes with resident paperwork and files. Clean linen room being used as a storage area for sit to stand lift, boxes, and personal items. Garbage noted on water cart, and two electrical strips noted draped over open desk drawer.

#### R 325.1979 General maintenance and storage.

# (2) Hazardous and toxic materials shall be stored in a safe manner.

Free standing oxygen tank noted in room 210 one in room one propping door open to room.

# IV. RECOMMENDATION

Contingent upon receipt of an acceptable corrective action plan. Receipt of an acceptable corrective action plan is requested and due by 4/22/2025.

Jamper Herry

04/07/2025

Licensing Consultant

Date