GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
DIRECTOR

April 22, 2025

Brookdale Senior Living Communities, Inc.
105 Westwood Place
Brentwood, TN 37027

RE: License #: AL130077494
Investigation #: 2025A1032027
Brookdale Battle Creek MC (MI)

Dear Brookdale Senior Living Communities, Inc.:

Attached is the Special Investigation Report for the above referenced facility. Due to the violations identified in the report, a written corrective action plan is required. 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 time frames 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 responsible party and a date.

If you desire technical assistance in addressing these issues, please feel free to contact me. In any event, the corrective action plan is due within 15 days.

Please review the enclosed documentation for accuracy and contact me with any questions. If I am not available and you need to speak to someone immediately, please contact the local office at (616) 356-0100.

Sincerely,

Dwight Forde, Licensing Consultant
Bureau of Community and Health Systems
350 Ottawa, N.W. Unit 13, 7th Floor
Grand Rapids, MI 49503

MICHIGAN DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
BUREAU OF COMMUNITY AND HEALTH SYSTEMS
SPECIAL INVESTIGATION REPORT

I. IDENTIFYING INFORMATION

License #:	AL130077494
Investigation #:	2025A1032027
Complaint Receipt Date:	04/03/2025
Investigation Initiation Date:	04/04/2025
Report Due Date:	05/03/2025
Licensee Name:	Brookdale Senior Living Communities, Inc.
Licensee Address:	105 Westwood Place, Brentwood, TN 37027
Licensee Telephone #:	(615) 221-2250
Administrator:	Marianne Love
Licensee Designee:	Marianne Love
Name of Facility:	Brookdale Battle Creek MC (MI)
Facility Address:	197 Lois Drive, Battle Creek, MI 49015
Facility Telephone #:	(269) 979-9511
Original Issuance Date:	11/03/1997
License Status:	REGULAR
Effective Date:	07/28/2024
Expiration Date:	07/27/2026
Capacity:	20
Program Type:	PHYSICALLY HANDICAPPED AGED ALZHEIMERS

II. ALLEGATION(S)

	Violation Established?
Resident A did not receive her medication for two weeks.	Yes
Additional Findings	No

III. METHODOLOGY

04/03/2025	Special Investigation Intake 2025A1032027
04/04/2025	Special Investigation Initiated - Telephone
04/08/2025	Inspection Completed On-site
04/22/2025	Exit Conference

ALLEGATION:

Resident A did not receive her medication for two weeks.

INVESTIGATION:

On 4/4/25, I interviewed the complainant by telephone. The complainant reviewed the allegations.

On 4/8/25, I interviewed nurse director Jenna Brunner at the facility. Ms. Brunner advised that Resident A did not receive a scheduled anti-inflammatory medication for two weeks. She stated that there was a payment issue that arose; Resident A's insurance stopped paying for the medication when a refill was ordered. Ms. Brunner reported that she was not told that there was any such issue in a timely fashion by the medication technicians at the facility. She mentioned that typically medications are ordered when there are about ten pills left. She also mentioned that they discovered that there was no other payment option for the medication, such as a family member. Ms. Brunner stated that Elara Caring, Resident A's hospice provider, was alerted and this agency will now take care of providing the medication. Ms. Brunner advised that because of this incident, there will be changes to the procedure

and that the medication technicians will be retrained, so that gaps in care such as this do not happen again. Ms. Brunner reported that as a result, Resident A was in some measure of pain.

I attempted to interview Resident A in the facility. Resident A acknowledged my presence then went back to sleep.

APPLICABLE RULE	
R 400.15312	**Resident medications.**
	(2) Medication shall be given, taken, or applied pursuant to label instructions.
ANALYSIS:	Due to an administrative error at the facility, the medication was not refilled I time and Resident A did not receive it for two weeks, meaning that the label instructions were not followed.
CONCLUSION:	**VIOLATION ESTABLISHED**

On 4/22/25, I conducted an exit conference with licensee designee Marianne Love. I shared my findings, and Ms. Love agreed with the conclusions reached, as well as supplying a corrective action plan.

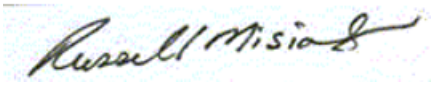
IV. RECOMMENDATION

Upon receipt of an acceptable corrective action plan, I recommend no change to the status of this license.

4/22/25

Dwight Forde Date
Licensing Consultant

Approved By:



4/24/25

Russell B. Misiak Date
Area Manager