



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

MARLON I. BROWN, DPA  
DIRECTOR

April 16, 2025

Lynda Sallee  
Brentwood at Niles  
1147 South Third Street  
Niles, MI 49120

RE: License #: AH110376315  
Brentwood at Niles  
1147 South Third Street  
Niles, MI 49120

Dear Lynda Sallee:

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**

<b>License #:</b>	AH110376315
<b>Licensee Name:</b>	GAHC3 Niles MI ALF TRS Sub, LLC
<b>Licensee Address:</b>	Suite 300 1819 Von Karman Avenue Irvine, CA 92612
<b>Licensee Telephone #:</b>	(971) 204-7200
<b>Authorized Representative:</b>	Lynda Sallee
<b>Administrator/Licensee Designee:</b>	Courtney Kryder
<b>Name of Facility:</b>	Brentwood at Niles
<b>Facility Address:</b>	1147 South Third Street Niles, MI 49120
<b>Facility Telephone #:</b>	(269) 684-9470
<b>Original Issuance Date:</b>	06/04/2015
<b>Capacity:</b>	80
<b>Program Type:</b>	AGED ALZHEIMERS

## II. METHODS OF INSPECTION

Date of On-site Inspection(s): 04/14/2025

Date of Bureau of Fire Services Inspection if applicable: BFS – A; 12/26/2023

Inspection Type: ☐ Interview and Observation ☒ Worksheet  
☐ Combination

Date of Exit Conference: 4/14/2025

No. of staff interviewed and/or observed 12

No. of residents interviewed and/or observed 38

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: 0 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:

<b>R 325.1922</b>	<b>Admission and retention of residents.</b>
	<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.</b>
<b>ANALYSIS:</b>	Review of nine 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.
<b>CONCLUSION:</b>	<b>VIOLATION ESTABLISHED</b>

<b>R 325.1923</b>	<b>Employee's health.</b>
	<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.</b>
<b>ANALYSIS:</b>	Review of fourteen employee records revealed four employee's TB screening was completed the same day as occupational exposure and one employee did not have a TB test in the record. New employees must be screened within 10 days of hire and prior occupational exposure.
<b>CONCLUSION:</b>	<b>VIOLATION ESTABLISHED</b>

<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>

<b>ANALYSIS:</b>	Inspection of the kitchen records revealed no record of a meal census for the preceding 3-month period.
<b>CONCLUSION:</b>	<b>VIOLATION ESTABLISHED</b>

<b>R 325.1972</b>	<b>Solid wastes.</b>
	<b>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.</b>
<b>ANALYSIS:</b>	Inspection of the facility revealed multiple garbage or rubbish containers in the common areas of the assisted living area and memory care unit, the laundry areas, and the kitchenettes and main kitchen without tight-fitting lids. All garbage and rubbish shall be kept in leakproof, nonabsorbent containers to prevent cross contamination.
<b>CONCLUSION:</b>	<b>VIOLATION ESTABLISHED</b>

<b>R 325.1976</b>	<b>Kitchen and dietary.</b>
	<b>(12) Food service equipment and work surfaces shall be installed in such a manner as to facilitate cleaning and be maintained in a clean and sanitary condition, and in good repair.</b>
<b>ANALYSIS:</b>	Inspection revealed the memory care unit kitchenette equipment and work surfaces were not maintained in a clean and sanitary condition.
<b>CONCLUSION:</b>	<b>VIOLATION ESTABLISHED</b>

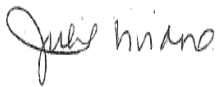
<b>R 325.1976</b>	<b>Kitchen and dietary.</b>
	<b>(6) Food and drink used in the home shall be clean and wholesome and shall be manufactured, handled, stored, prepared, transported, and served so as to be safe for human consumption.</b>
<b>ANALYSIS:</b>	On-site inspection revealed multiple food items were found unlabeled in the memory care area kitchenette refrigerator,

	employee lounge, and main kitchen. 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.
<b>CONCLUSION:</b>	<b>VIOLATION ESTABLISHED</b>

<b>R 325.1979</b>	<b>General maintenance and storage.</b>
	<b>(3) Hazardous and toxic materials shall be stored in a safe manner.</b>
<b>ANALYSIS:</b>	Inspection revealed hazardous and toxic chemicals in an unlocked lower cabinet in the assisted living common area and in a bathroom in the memory care unit. 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.
<b>CONCLUSION:</b>	<b>VIOLATION ESTABLISHED</b>

#### IV. RECOMMENDATION

Receipt of an acceptable corrective action plan is requested and due by 5/1/2025.



4/16/2025

\_\_\_\_\_  
Licensing Consultant

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Date