



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
DIRECTOR

January 14, 2026

Mary North
Brookdale Troy MC
4900 Northfield Parkway
Troy, MI 48098

RE: License #: AH630236937

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. If you fail to submit an acceptable corrective action plan, disciplinary action will result. 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 home for the aged authorized representative and a date.

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 (517) 335-5985.

Sincerely,

A handwritten signature in blue ink, appearing to read "Elizabeth Gregory-Weil".

Elizabeth Gregory-Weil, Licensing Staff
Bureau of Community and Health Systems
611 W. Ottawa Street
P.O. Box 30664
Lansing, MI 48909
(810) 347-5503

enclosure

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

I. IDENTIFYING INFORMATION

License #:	AH630236937
Licensee Name:	Brookdale Senior Living Communities, Inc.
Licensee Address:	105 Westwood Place Brentwood, TN 37027
Licensee Telephone #:	(615) 221-2250
Authorized Representative:	Mary North
Administrator:	William Brown
Name of Facility:	Brookdale Troy MC
Facility Address:	4900 Northfield Parkway Troy, MI 48098
Facility Telephone #:	(248) 267-9500
Original Issuance Date:	06/01/1999
Capacity:	52
Program Type:	AGED ALZHEIMERS

II. METHODS OF INSPECTION

Date of On-site Inspection(s): 01/13/2026

Date of Bureau of Fire Services Inspection if applicable: 10/24/2025

Inspection Type: Interview and Observation Worksheet
 Combination

Date of Exit Conference: 01/14/2026

No. of staff interviewed and/or observed 14

No. of residents interviewed and/or observed 27

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. The facility does not hold resident funds in trust.
- Meal preparation / service observed? Yes No If no, explain.
- Fire drills reviewed? Yes No If no, explain.
The Bureau of Fire Services reviews fire drills, however facility disaster planning procedures were 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: Compliance was not verified, as this report contains repeat violations from previous licensure visits.
- 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 administrative rules regulating home for the aged facilities:	
R 325.1923	Employee's health.
	<p>(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.</p>
<p>Review of employee files reveal that Employees 1's initial TB testing was not completed within 10 days of hire. Employee 1 was hired on 8/11/25 and her TB screen was completed on 7/25/25.</p> <p>[REPEAT VIOLATION ESTABLISHED]</p>	
R 325.1932	Resident medications.
	<p>(2) Prescribed medication managed by the home shall be given, taken, or applied pursuant to labeling instructions,</p>

Medication administration records (MAR) were reviewed for the previous six week period and the following observations were made:

Resident A missed a dose of Tylenol on 12/11/25. Resident A's MAR was blank, and staff failed to document a reason for the missed medication administration.

Resident B missed a dose of atorvastatin, doxepin and lisinopril on 12/5/25. Resident B's MAR was blank, and staff failed to document a reason for the missed medication administrations.

[REPEAT VIOLATION ESTABLISHED]

R 325.1944	Employee records and work schedules.
	<p>(1) A home shall maintain a record for each employee which shall include all of the following:</p> <p style="padding-left: 40px;">(g) Results of annual tuberculosis screening as required by R 325.1923(2).</p>
<p>Employee 2's file did not contain evidence of her TB screen. While onsite, facility staff contacted Concentra and obtained a copy of the TB screen.</p> <p>[REPEAT VIOLATION ESTABLISHED]</p>	
R 325.1953	Menus.
	<p>(1) A home shall prepare and post the menu for regular and therapeutic or special diets for the current week. Changes shall be written on the planned menu to show the menu as actually served.</p>
<p>The facility posted menu was only for the current day and did not have the entire week posted.</p> <p>[REPEAT VIOLATION ESTABLISHED]</p>	
R 325.1968	Toilet and bathing facilities.
	<p>(4) A resident toilet room or bathroom shall not be used for storage or housekeeping functions.</p>

Communal shower/bathrooms located in the B, C and D wings were being used for storage of furniture, medical equipment and miscellaneous resident belongings.	
R 325.1979	General maintenance and storage.
	(1) The building, equipment, and furniture shall be kept clean and in good repair.
<p>All communal shower/bathrooms needed cleaning, with visible debris on the floor, in the bath and showers. The lock on the A wing bathroom door was broken and was hanging off the door. A ceiling tile was missing from the bathroom between B and C wings. Both “country kitchens” needed to be cleaned, with visible debris on the floors, countertops and inside the refrigerators. A drawer face was missing in the “Clare” kitchen. Several dirty towels were observed on the floor of the salon.</p> <p>[REPEAT VIOLATION ESTABLISHED]</p>	
R 325.1979	General maintenance and storage.
	(3) Hazardous and toxic materials shall be stored in a safe manner.
<p>Hazardous and toxic material such as cleaning agents and detergents were located in the salon. The door to the salon was unlocked and the cabinets housing the various items were also unlocked. A knife was also observed in a cabinet in the “Bridge” kitchen. The door to the kitchen and the cabinet the item was located in were both unlocked. These items pose an unnecessary risk to residents that lack safety awareness.</p>	
R 325.1981	Disaster plans.
	(1) A home shall have a written plan and procedure to be followed in case of fire, explosion, loss of heat, loss of power, loss of water, or other emergency.
Facility disaster planning procedures were void of a plan in case of an explosion.	

IV. RECOMMENDATION

Contingent upon receipt of an acceptable corrective action plan, I recommend the status of the license remain unchanged.



01/14/2026

Elizabeth Gregory-Weil
Licensing Consultant

Date