



RICK SNYDER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

SHELLY EDGERTON  
DIRECTOR

July 12, 2018

Kurt Schroeder  
Brookdale Senior Living Communities, Inc.  
Suite 2300  
6737 West Washington St.  
Milwaukee, WI 53214

RE: License #: AL130077500  
**Brookdale Battle Creek AL (MI)**  
**191 Lois Drive**  
**Battle Creek, MI 49015**

Dear Mr. Schroeder:

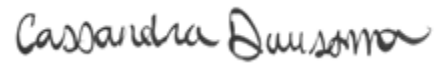
Attached is the Renewal Licensing Study Report for the facility referenced above. You have submitted an acceptable written corrective action plan addressing the violations cited in the report. To verify your implementation and compliance with this corrective action plan:

- You are to submit documentation of compliance- *Please send photo once ducts are replaced.*

The study has determined substantial compliance with applicable licensing statutes and administrative rules. Therefore, your license is renewed. It is valid only at your present address and is nontransferable.

Please contact me with any questions. In the event that I am not available and you need to speak to someone immediately, you may contact the local office at (517) 284-9720.

Sincerely,

A handwritten signature in black ink that reads "Cassandra Duursma". The script is cursive and fluid.

Cassandra Duursma, Licensing Consultant  
Bureau of Community and Health Systems  
322 E. Stockbridge Ave  
Kalamazoo, MI 49001  
(269) 615-5050

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

**I. IDENTIFYING INFORMATION**

**License #:** AL130077500

**Licensee Name:** Brookdale Senior Living Communities, Inc.

**Licensee Address:** Suite 2300  
6737 West Washington St.  
Milwaukee, WI 53214

**Licensee Telephone #:** (414) 918-5000

**Licensee Designee:** Kurt Schroeder

**Administrator:** Kurt Schroeder

**Name of Facility:** Brookdale Battle Creek AL (MI)

**Facility Address:** 191 Lois Drive  
Battle Creek, MI 49015

**Facility Telephone #:** (269) 979-7781

**Original Issuance Date:** 11/03/1997

**Capacity:** 20

**Program Type:** PHYSICALLY HANDICAPPED  
AGED

## II. METHODS OF INSPECTION

Date of On-site Inspection(s): 07/11/2018

Date of Bureau of Fire Services Inspection if applicable: 03/14/2018

Date of Health Authority Inspection if applicable: N/A

Inspection Type:  Interview and Observation  Worksheet  
 Combination  Full Fire Safety

No. of staff interviewed and/or observed 4  
No. of residents interviewed and/or observed 5  
No. of others interviewed 1 Role: Licensee Designee

- Medication pass / simulated pass observed? Yes  No  If no, explain.
- Medication(s) and medication record(s) reviewed? Yes  No  If no, explain.
- Resident funds and associated documents reviewed for at least one resident?  
Yes  No  If no, explain. Funds not held for residents.
- Meal preparation / service observed? Yes  No  If no, explain.
- Fire drills reviewed? Yes  No  If no, explain.
- Fire safety equipment and practices observed? Yes  No  If no, explain.
- E-scores reviewed? (Special Certification Only) Yes  No  N/A   
If no, explain.
- Water temperatures checked? Yes  No  If no, explain.
- Incident report follow-up? Yes  No  If no, explain.
- Corrective action plan compliance verified? Yes  CAP date/s and rule/s:  
N/A
- Number of excluded employees followed-up? N/A
- Variances? Yes  (please explain) No  N/A

### III. DESCRIPTION OF FINDINGS & CONCLUSIONS

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

**R 400.15403          Maintenance of premises.**

**(1) A home shall be constructed, arranged, and maintained to provide adequately for the health, safety, and well-being of occupants.**

*A foil accordion dryer vent duct was found on the dryers in the home.*

A corrective action plan was requested and approved on 07/11/2018. It is expected that the corrective action plan be implemented within the specified time frames as outlined in the approved plan. A follow-up evaluation may be made to verify compliance. Should the corrections not be implemented in the specified time, it may be necessary to reevaluate the status of your license.

### IV. RECOMMENDATION

An acceptable corrective action plan has been received. Renewal of the license is recommended.

*Cassandra Duursma*

07/12/2018

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Cassandra Duursma  
Licensing Consultant

Date