

GRETCHEN WHITMER GOVERNOR

STATE OF MICHIGAN DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS LANSING

ORLENE HAWKS DIRECTOR

July 8, 2021

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

RE: License #:	AL560079921
	Brookdale Midland AL
	4004 Waldo Road
	Midland, MI 48642

Dear Ms. Mackenzie:

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:

An on-site inspection will be conducted.

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 (906) 226-4171.

Sincerely,

Shamidah Wyden, Licensing Consultant Bureau of Community and Health Systems

411 Genesee P.O. Box 5070

Saginaw, MI 48607

989-395-6853

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

I. IDENTIFYING INFORMATION

License#:	AL560079921	
	71200010021	
Licensee Name:	Brookdale Senior Living Communities, Inc.	
Licensee Address:	Suite 2300	
	6737 West Washington St.	
	Milwaukee, WI 53214	
Licensee Telephone #:	(414) 918-5000	
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Licensee Designee:	Lynn Mackenzie	
A desirate de de	Lower Mandageria	
Administrator:	Lynn Mackenzie	
Name of Facility:	Brookdale Midland AL	
Facility Address:	4004 Waldo Road	
	Midland, MI 48642	
Facility Telephone #:	(989) 832-8500	
Original Issuance Date:	03/26/1998	
Capacity:	20	
Program Type:	AGED	
9	ALZHEIMERS	

II. METHODS OF INSPECTION

Date of On-site Inspection	(s):	07/01/2021	
Date of Bureau of Fire Ser	vices Inspection if app	licable: 05/27/2021	
Date of Health Authority In	spection if applicable:	N/A	
Inspection Type:	☐ Interview and Ob☐ Combination	servation 🛚 Worksho	
No. of staff interviewed and No. of residents interviewed No. of others interviewed		5 7 e Designee	
Medication pass / sime	ulated pass observed?	? Yes⊠ No ☐ If no	, explain.
Medication(s) and med	dication record(s) revie	ewed? Yes ⊠ No □	If no, explain.
 Resident funds and as Yes ∑ No ☐ If no, € Meal preparation / ser 	explain.		
• Fire drills reviewed?	∕es ⊠ No □ If no, e	xplain.	
Fire safety equipment	and practices observe	ed? Yes⊠ No ☐ If	no, explain.
E-scores reviewed? (S If no, explain.Water temperatures cl	•		/A 🔀
 Incident report follow-to- There were no recent Corrective action plan 01/18/2021, R301(4), Number of excluded excluded 	incident reports requir compliance verified? R305(3), R301(10), 09	ing follow-up. Yes ⊠ CAP date/s a 9/22/2020; R315(3), R	
Variances? Yes ☐ (p	olease explain) No	N/A 🖂	

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

This facility was found to be in non-compliance with the following rules:		
R 400.15310	Resident health care.	
	(3) A licensee shall record the weight of a resident upon admission and monthly thereafter. Weight records shall be kept on file for 2 years.	
At the time of inspection, there were weight records missing for Resident A for the months of November and December 2020, and January and March 2021.		

A corrective action plan was requested and approved on 07/08/2021. 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.

07/08/2021

Shamidah Wyden

Date

Licensing Consultant