



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

ORLENE HAWKS
DIRECTOR

November 3, 2021

Beth Mell
Brookdale Northville
40405 Six Mile Road
Northville, MI 48167

RE: License #: AH820236941

Dear Ms. Mell:

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 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) 284-9730.

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 #:	AH820236941
Licensee Name:	Brookdale Senior Living Communities, Inc.
Licensee Address:	Suite 2300 6737 West Washington St. Milwaukee, WI 53214
Licensee Telephone #:	(414) 918-5000
Authorized Representative:	Beth Mell
Administrator:	Percell Smith
Name of Facility:	Brookdale Northville
Facility Address:	40405 Six Mile Road Northville, MI 48167
Facility Telephone #:	(734) 420-6104
Original Issuance Date:	10/10/1996
Capacity:	72
Program Type:	AGED

II. METHODS OF INSPECTION

Date of On-site Inspection(s): 10/28/2021

Date of Bureau of Fire Services Inspection if applicable: 10/28/2021

Inspection Type: Interview and Observation Worksheet
 Combination

Date of Exit Conference: 11/03/2021

No. of staff interviewed and/or observed 12

No. of residents interviewed and/or observed 22

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.
Bureau of Fire Services reviews fire drills, however 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: N/A
- Number of excluded employees followed up? 2 N/A

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

This facility was found to be in non-compliance with the following rules:	
R 325.1913	Licenses and permits; general provisions.
	(2) The applicant or the authorized representative shall give written notice to the department within 5 business days of any changes in information as submitted in the application pursuant to which a license, provisional license, or temporary nonrenewable permit has been issued.
At the time of my inspection, the licensee appointed administrator was Angela Stewart. It was revealed during my onsite that Ms. Stewart had not worked at the facility since 10/11/21. The department did not receive notification of Ms. Stewart's departure nor was there an appointment of a new administrator within the timeframe outlined in this rule.	
R 325.1921	Governing bodies, administrators, and supervisors.
	(1) The owner, operator, and governing body of a home shall do all of the following: (b) Assure that the home maintains an organized program to provide room and board, protection, supervision, assistance, and supervised personal care for its residents.
The owner, operator, governing body did not assure that the home maintains an organized program of protection to its residents as evidenced by the following: Resident A had bed rails attached to her bed and Resident B had a halo ring attached to his bed. The facility lacked physician's orders for the devices directing their purpose and authorization for use, there were no manufacturer's guidelines for proper installation and use of the devices and did not demonstrate an ongoing training and maintenance program for the devices. The devices both contained gapping large enough to be considered an entrapment risk. The lack of a reasonably organized program of protection related to these devices place staff at a disadvantage when attempting to meet the safety needs of residents	

and does not reasonably protect residents from the possibility of unnecessary entrapment and/or entanglement injury or death associated with such devices.	
R 325.1922	Admission and retention of residents.
	<p>(7) An individual admitted to residence in the home shall have evidence of initial 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. 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. A 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 have to conduct annual TB testing for residents.</p>
<p>Prior to move in TB screens were requested for five residents. At the time of this report, TB screening documentation has not been provided for Residents C and E.</p>	
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>Initial TB screens and annual risk assessments were requested for three employees (Diamond Cotton, Brianna Daniels and Jessica Sturdivant). At the time of this report, initial TB screening documentation has not been provided for Ms. Sturdivant and annual risk assessments weren't provided for any of the requested employees.</p>	
R 325.1931	Employees; general provisions.
	<p>(6) The home shall establish and implement a staff training program based on the home's program statement, the residents service plans, and the needs of employees, such as any of the following:</p> <ul style="list-style-type: none"> (a) Reporting requirements and documentation. (b) First aid and/or medication, if any. (c) Personal care. (d) Resident rights and responsibilities. (e) Safety and fire prevention. (f) Containment of infectious disease and standard precautions. (g) Medication administration, if applicable.
<p>At the time of this report, staff training documentation has not been provided for the employees requested.</p>	
R 325.1932	Resident medications.
	<p>(1) Medication shall be given, taken, or applied pursuant to labeling instructions or orders by the prescribing licensed health care professional.</p>

<p>Medication administration records (MAR) were reviewed. The records indicate that the facility has not always administered medications pursuant the labeling instructions or provide an accurate and complete medication log. For example, Resident D missed one or more doses of medication on the following dates: 9/10/21, 9/12/21, 9/21/21, 10/1/21 and 10/24/21. Facility staff failed to document any reason for the missed doses in the resident record and the MAR was left blank.</p> <p>Resident F missed one or more doses of medication on the following dates: 9/2/21, 9/10/21, 9/12/21, 9/21/21 and 10/1/21. Facility staff failed to document any reason for the missed doses in the resident record and the MAR was left blank.</p>	
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>(a) Name, address, telephone number, and social security number.</p> <p>(b) License or registration number, if applicable.</p> <p>(c) Date of birth.</p> <p>(d) Summary of experience, education, and training.</p> <p>(e) Beginning date of employment and position for which employed.</p> <p>(f) References, if provided.</p> <p>(g) Results of initial TB screening as required by R 325.1923(2).</p> <p>(h) Date employment ceases and reason or reasons for leaving, if known.</p> <p>(i) Criminal background information, consistent with section 20173a, MCL 333.20173a, of the code.</p>
<p>Requested employee records did not contain all the above information as required in this rule.</p>	
R 325.1954	Meal and food records.
	<p>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.</p>

<p>The facility provided a “meal count” record, which identified the number of meals that were served for a given meal but did not list the kind of food as required by this rule.</p>	
R 325.1964	Interiors.
	<p>(9) Ventilation shall be provided throughout the facility in the following manner: (b) Bathing rooms, beauty shops, toilet rooms, soiled linen rooms, janitor closets, and trash holding rooms shall be provided with a minimum of 10 air changes per hour of continuously operated exhaust ventilation that provide discernable air flow into each of these rooms.</p>
<p>Continuous exhaust ventilation was not functioning in the following areas: A, D and E hall janitor’s closets, C9, D7 and F7 resident bathrooms and the chemical storage closet located near the kitchen.</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>
<p>Spa rooms in B and D halls were being used for storage.</p>	
R 325.1972	Solid wastes.
	<p>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.</p>
<p>Garbage containers were observed without lids in the commercial kitchen. When questioned about the lids, kitchen staff stated that the containers did not come with lids.</p>	
R 325.1976	Kitchen and dietary.
	<p>(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.</p>

<p>Multiple items were observed in the commercial kitchen refrigerators that were not labeled or dated and some were not properly sealed, including applesauce, gravy, ground beef, turkey meatloaf and several produce items. The second floor communal kitchen also contained items that were not protected against contamination, as ice cream was observed uncovered and a half eaten sandwich was observed without being sealed.</p>	
R 325.1979	General maintenance and storage.
	(1) The building, equipment, and furniture shall be kept clean and in good repair.
<p>The facility overall appeared to need a deep cleaning, with special attention to the following areas. The second floor communal kitchen refrigerator was observed to have liquids spilled throughout the fridge and freezer and the lightbulb was burned out. The cabinets in the kitchen were splattered with a sticky liquid and appeared to not have been cleaned recently. The spa rooms in C, E and F halls were dirty, with dust and debris visible inside the showers and tubs. The bottom shelf of vegetable refrigerator in the commercial kitchen was covered in moldy produce and a layer of an unidentifiable brown liquid.</p>	

IV. RECOMMENDATION

Contingent upon receipt of an acceptable corrective action plan, renewal of the license is recommended.



11/3/21

Elizabeth Gregory-Weil
Licensing Consultant

Date