

GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS LANSING

ORLENE HAWKS DIRECTOR

June 22, 2021

Michelle Aylor- Robbins Brookdale Senior Living Communities, Inc. Suite 2300 6737 West Washington St. Milwaukee, WI 53214

RE: License #: AL230079864

Brookdale Delta AL 7323 Delta Commerce Lansing, MI 48917

Dear Ms. Aylor – Robbins:

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 plan, a regular license will be issued. If you fail to submit an acceptable corrective action plan, disciplinary action will result.

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) 284-9730.

Sincerely,

Leslie Herrguth, Licensing Consultant Bureau of Community and Health Systems

611 W. Ottawa Street

Leslie Henguth

P.O. Box 30664

Lansing, MI 48909

(517) 256-2181

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

I. IDENTIFYING INFORMATION

License #: AL230079864

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: Michelle Aylor – Robbins

Administrator: Michelle Aylor – Robbins

Name of Facility: Brookdale Delta AL

Facility Address: 7323 Delta Commerce

Lansing, MI 48917

Facility Telephone #: (517) 327-5566

Original Issuance Date: 03/17/1998

Capacity: 20

Program Type: PHYSICALLY HANDICAPPED

AGED

II. METHODS OF INSPECTION

Date of On-site Inspection(s):			06/17/2021	
Date of Bureau of Fire Services Inspection if applicable:			06/01/2021	
Date of Health Authority Inspection if applicable:			Not applicable	
Insp	ection Type:	☐ Interview and Observation☐ Combination	n ⊠ Worksheet □ Full Fire Safety	
No.	of staff interviewed and of residents interviewed of others interviewed		2 3 ee	
•	Medication pass / simu	ılated pass observed? Yes $igtigtigtigtigtigtigt$	No 🗌 If no, explain.	
•	Medication(s) and med	lication record(s) reviewed? Y	es ⊠ No □ If no, explain.	
•	Resident funds and associated documents reviewed for at least one resident? Yes \boxtimes No \square If no, explain. Meal preparation / service observed? Yes \square No \boxtimes If no, explain. Inspection did not occur at meal time. The food at the facility appeared safe and free from spoilage and contamination, the food service equipment was in good repair, and the facility appeared equipped to prepare and serve adequate meals. Fire drills reviewed? Yes \boxtimes No \square If no, explain.			
•	Fire safety equipment	and practices observed? Yes	⊠ No □ If no, explain.	
•	If no, explain.	pecial Certification Only) Yes necked? Yes ⊠ No □ If no,		
•	Incident report follow-u	ıp? Yes⊠ No 🗌 If no, expla	ain.	
•	7/03/19 for rules 205(3 12/23/20 for rule 103 (compliance verified? Yes	5 (3), 316 (1) and 318 (5). and 312 (4)(b) N/A	
•	Variances? Yes ☐ (p	lease explain) No ⊠ N/A □		

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

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

R 400.15301

Resident admission criteria; resident assessment plan; emergency admission; resident care agreement; physician's instructions; health care appraisal.

(9) A licensee shall review the written resident care agreement with the resident or the resident's designated representative and responsible agency, if applicable, at least annually or more often if necessary.

One (1) of two (2) resident records reviewed did not contain documentation that the *Resident Care Agreement* was reviewed with the resident and/or his/her designated representative within the last year for Resident A.

R 400.15315

Handling of resident funds and valuables.

(12) Charges against the resident's account shall not exceed the agreed price for the services rendered and goods furnished or made available by the home to the resident.

Two (2) of two (2) resident records reviewed contained documentation in the form of a *Schedule of Services and Rates* form for Resident A and Resident B did not match the agreed upon price for services in the Resident Care Agreements for residents A and B.

IV. RECOMMENDATION

Contingent upon receipt of an acceptable corrective action plan, renewal of the lice	nse
s recommended.	

Leslie Herrguth Date Licensing Consultant