



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

ORLENE HAWKS  
DIRECTOR

December 13, 2021

Beth Mell  
Brookdale Utica AL  
45969 North Pointe Blvd.  
Utica, MI 48315

RE: License #: AH500236944  
**Brookdale Utica AL**  
**45969 North Pointe Blvd.**  
**Utica, MI 48315**

Dear Ms. Mell:

Attached is the Licensing Study Report for the above referenced facility. The study has determined substantial compliance with applicable licensing statutes and rules. Your license is renewed, effective 11/23/21 – 11/22/22. It is valid only at your present address and is nontransferable.

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 cursive script that reads "Brender d. Howard".

Brender Howard, Licensing Staff  
Bureau of Community and Health Systems  
611 W. Ottawa Street  
P.O. Box 30664  
Lansing, MI 48909  
(313) 268-1788

enclosure

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

**I. IDENTIFYING INFORMATION**

<b>License #:</b>	AH500236944
<b>Licensee Name:</b>	Brookdale Senior Living Communities, Inc.
<b>Licensee Address:</b>	Suite 2300 6737 West Washington St. Milwaukee, WI 53214
<b>Licensee Telephone #:</b>	(414) 918-5000
<b>Authorized Representative:</b>	Beth Mell
<b>Administrator:</b>	Sybil Hopkins
<b>Name of Facility:</b>	Brookdale Utica AL
<b>Facility Address:</b>	45969 North Pointe Blvd. Utica, MI 48315
<b>Facility Telephone #:</b>	(586) 997-0955
<b>Original Issuance Date:</b>	12/02/1996
<b>Capacity:</b>	72
<b>Program Type:</b>	AGED

## II. METHODS OF INSPECTION

Date of On-site Inspection(s): 12/08/21

Date of Bureau of Fire Services Inspection if applicable: 10/18/21, 11/22/21

Inspection Type:  Interview and Observation  Worksheet  
 Combination

Date of Exit Conference: 12/13/21

No. of staff interviewed and/or observed 9  
No. of residents interviewed and/or observed 21  
No. of others interviewed 1 Role Resident's family member

- 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. No funds for the residents
- Meal preparation / service observed? Yes  No  If no, explain.
- Fire drills reviewed? Yes  No  If no, explain.  
Staff interviewed on the policies and procedures.
- 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: No CAPS for this home.
- Number of excluded employees followed up? N/A

### III. DESCRIPTION OF FINDINGS & CONCLUSIONS

The facility was found to be in substantial compliance with the public health code and administrative rules regulating home for the aged facilities.

### IV. RECOMMENDATION

Renewal of the license is recommended.

*Brenden D. Howard*

12/13/21

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Licensing Consultant

Date