



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

ORLENE HAWKS
DIRECTOR

January 20, 2022

Beth Mell
Brookdale Utica MC
45959 North Pointe Blvd.
Utica, MI 48315

RE: License #: AH500236938
Brookdale Utica MC
45959 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. 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

| | |
|-----------------------------------|---|
| License #: | AH500236938 |
| 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: | Sybil Hopkins |
| Name of Facility: | Brookdale Utica MC |
| Facility Address: | 45959 North Pointe Blvd. Utica, MI 48315 |
| Facility Telephone #: | (586) 997-0719 |
| Original Issuance Date: | 01/16/2000 |
| Capacity: | 36 |
| Program Type: | ALZHEIMERS AGED |

II. METHODS OF INSPECTION

Date of On-site Inspection(s): 01/13/22

Date of Bureau of Fire Services Inspection if applicable: 12/17/21

Inspection Type: Interview and Observation Worksheet
 Combination

Date of Exit Conference: 01/20/22 - Conducted with administrator Sybil Buch

No. of staff interviewed and/or observed 9
No. of residents interviewed and/or observed 23
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 resident's fund held
- Meal preparation / service observed? Yes No If no, explain.
- Fire drills reviewed? Yes No If no, explain.
Interviewed staff on the policies and procedures
- Water temperatures checked? Yes No If no, explain.
- Incident report follow-up? Yes IR date/s: 10/14/21 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.

Gwendolyn D. Howard

1/20/22

Date

Licensing Consultant