



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

ORLENE HAWKS  
DIRECTOR

July 18, 2022

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

RE: License #: AL130077500  
**Brookdale Battle Creek AL (MI)**  
**191 Lois Drive**  
**Battle Creek, MI 49015**

Dear Ms. Schafer:

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,

A handwritten signature in black ink that reads "Cathy Cushman". The signature is written in a cursive, flowing style.

Cathy Cushman, Licensing Consultant  
Bureau of Community and Health Systems  
611 W. Ottawa Street  
P.O. Box 30664  
Lansing, MI 48909  
(269) 615-5190

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

**I. IDENTIFYING INFORMATION**

**License #:** AL130077500

**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:** Tanya Schafer

**Administrator:** Barbara Woodward-Boons

**Name of Facility:** Brookdale Battle Creek AL (MI)

**Facility Address:** 191 Lois Drive  
Battle Creek, MI 49015

**Facility Telephone #:** (269) 979-7781

**Original Issuance Date:** 11/03/1997

**Capacity:** 20

**Program Type:** PHYSICALLY HANDICAPPED  
AGED

## II. METHODS OF INSPECTION

Date of On-site Inspection: 07/12/2022

Date of Bureau of Fire Services Inspection if applicable: 05/20/2021

Date of Health Authority Inspection if applicable: N/A

Inspection Type:  Interview and Observation  Worksheet  
 Combination  Full Fire Safety

No. of staff interviewed and/or observed 2  
No. of residents interviewed and/or observed 13  
No. of others interviewed [redacted] Role: [redacted]

- Medication pass / simulated pass observed? Yes  No  If no, explain.
- Medication(s) and medication record(s) reviewed? Yes  No  If no, explain.
- Resident funds and associated documents reviewed for at least one resident? Yes  No  If no, explain.
- Meal preparation / service observed? Yes  No  If no, explain.
- Fire drills reviewed? Yes  No  If no, explain.
- Fire safety equipment and practices observed? Yes  No  If no, explain.
- E-scores reviewed? (Special Certification Only) Yes  No  N/A   
If no, explain.
- Water temperatures checked? Yes  No  If no, explain.
- Incident report follow-up? Yes  No  If no, explain.
- Corrective action plan compliance verified? Yes  CAP date/s and rule/s:  
N/A
- Number of excluded employees followed-up? N/A
- Variances? Yes  (please explain) No  N/A

### III. DESCRIPTION OF FINDINGS & CONCLUSIONS

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

**R 400.15205**      **Health of a licensee, direct care staff, administrator, other employees, those volunteers under the direction of the licensee, and members of the household.**

**(3) A licensee shall maintain, in the home, and make available for department review, a statement that is signed by a licensed physician or his or her designee attesting to the physician's knowledge of the physical health of direct care staff, other employees, and members of the household. The statement shall be obtained within 30 days of an individual's employment, assumption of duties, or occupancy in the home.**

**FINDING:** Upon review of staff files, there was no record of an initial medical statement for direct care staff, Elizabeth Chantrenne, as required.

**R 400.15208**      **Direct care staff and employee records.**

**(1) A licensee shall maintain a record for each employee. The record shall contain all of the following employee information:**

**(d) Verification of the age requirement.**

**FINDING:** There was no documentation verifying direct care staff, Katie Brown's, date of birth, such as a driver's license, state ID or birth certificate.

**R 400.15208**      **Direct care staff and employee records.**

**(1) A licensee shall maintain a record for each employee. The record shall contain all of the following employee information:**

**(f) Verification of reference checks.**

**FINDING:** Multiple direct care staff, including Elizabeth Chantrenne and Katie Brown, did not have verification of reference checks in their staff files.

**R 400.15301**      **Resident admission criteria; resident assessment plan; emergency admission; resident care agreement; physician's instructions; health care appraisal.**

**(10) At the time of the resident's admission to the home, a licensee shall require that the resident or the resident's designated representative provide a written health care appraisal that is completed within the 90-day period before the resident's admission to the home. A written health care appraisal shall be completed at least annually. If a written health care appraisal is not available at the time of an emergency' admission, a licensee shall require that the appraisal be obtained not later than 30 days after admission. A department health care appraisal form shall be used unless prior authorization for a substitute form has been granted, in writing, by the department.**

**FINDING:** Upon review of resident files, Resident A's last completed *Health Care Appraisal*, was dated 07/07/2020. The facility was able to provide a completed *Health Care Appraisal* for Resident A dated 03/22/2022, indicating a *Health Care Appraisal* had not been completed in 2021, or on an annual basis, as required.

**R 400.15301**      **Resident admission criteria; resident assessment plan; emergency admission; resident care agreement; physician's instructions; health care appraisal.**

**(4) At the time of admission, and at least annually, a written assessment plan shall be completed with the resident or the resident's designated representative, the responsible agency, if applicable, and the licensee. A licensee shall maintain a copy of the resident's written assessment plan on file in the home.**

**FINDING:** Resident B's assessment plan did not have signatures on it indicating it had been completed with Resident B or her designated representative, or the licensee.

**R 400.15301**      **Resident admission criteria; resident assessment plan; emergency admission; resident care agreement; physician's instructions; health care appraisal.**

**(8) A copy of the signed resident care agreement shall be provided to the resident or the resident's designated**

**representative. A copy of the resident care agreement shall be maintained in the resident's record.**

**FINDING:** Resident B did not have a copy of her *Resident Care Agreement* in her resident file or record, as required.

**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.**

**FINDING:** The *Resident Care Agreement* in Resident A's file or record was dated 07/14/2020 indicating it had not been reviewed at least annually, as required.

**R 400.15315**      **Handling of resident funds and valuables.**

**(3) A licensee shall have a resident's funds and valuables transaction form completed and on file for each resident. A department form shall be used unless prior authorization for a substitute form has been granted, in writing, by the department.**

**FINDING:** There were no Resident Funds II forms documenting Adult Foster Care payments available for review in any resident files, as required. The facility's Executive Director, Dawn Hussey, indicated the licensee submitted a variance request in February 2021; however, there was no documentation a variance or substitute form had been approved. Variance requests should be submitted to the *facility's specific licensing consultant*.

**R 400.15408**      **Bedrooms generally.**

**(4) Interior doorways of bedrooms that are occupied by residents shall be equipped with a side-hinged, permanently mounted door that is equipped with positive-latching, nonlocking-against-egress hardware.**

**FINDING:** Resident bedrooms #11 and #16 were locking against egress.

#### IV. RECOMMENDATION

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

*Cathy Cushman*

07/18/2022

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Date

Licensing Consultant