



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

ORLENE HAWKS
DIRECTOR

November 16, 2022

Carol DelRaso
Briarwood Assisted Living
620 Ely St.
Allegan, MI 49010

RE: License #: AH030293792
Investigation #: 2023A1021005
Briarwood Assisted Living

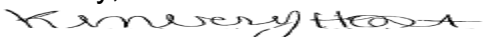
Dear Mrs. DelRaso:

Attached is the Special Investigation Report for the above referenced facility. Due to the violations identified in the report, a written corrective action plan is required. 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 time frames 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 authorized representative and a date.

If you desire technical assistance in addressing these issues, please feel free to contact me. In any event, the corrective action plan is due within 15 days. Failure to submit an acceptable corrective action plan will result in disciplinary action. 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 contact the local office at (517) 284-9730.

Sincerely,


Kimberly Horst, Licensing Staff
Bureau of Community and Health Systems
611 W. Ottawa Street
Lansing, MI 48909

enclosure

**MICHIGAN DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
BUREAU OF COMMUNITY AND HEALTH SYSTEMS
SPECIAL INVESTIGATION REPORT**

I. IDENTIFYING INFORMATION

License #:	AH030293792
Investigation #:	2023A1021005
Complaint Receipt Date:	10/13/2022
Investigation Initiation Date:	10/13/2022
Report Due Date:	12/12/2022
Licensee Name:	Briarwood Assisted Living, LLC
Licensee Address:	Suite 200 3196 Kraft Ave SE Grand Rapids, MI 49512
Licensee Telephone #:	(616) 464-1564
Administrator:	Judy Finnie
Authorized Representative:	Carol DelRaso
Name of Facility:	Briarwood Assisted Living
Facility Address:	620 Ely St. Allegan, MI 49010
Facility Telephone #:	(269) 673-9536
Original Issuance Date:	06/10/2008
License Status:	REGULAR
Effective Date:	10/16/2022
Expiration Date:	10/15/2023
Capacity:	55
Program Type:	ALZHEIMERS AGED

II. ALLEGATION(S)

	Violation Established?
Residents do not have access to snacks.	No
Additional Findings	Yes

III. METHODOLOGY

10/13/2022	Special Investigation Intake 2023A1021005
10/13/2022	Special Investigation Initiated - Letter referral sent to APS
10/24/2022	Contact - Telephone call made interviewed complainant
10/27/2022	Inspection Completed On-site
10/27/2022	Contact-Telephone call made Interviewed SP3
11/16/2022	Exit conference

ALLEGATION:

Residents do not have access to snacks.

INVESTIGATION:

On 10/13/22, the licensing department received a complaint with allegations the facility locks the kitchen and pantry at 6:00pm. The complainant alleged residents do not have access to food.

On 10/13/22, the allegations in this report were sent to centralized intake at Adult Protective Services (APS).

On 10/24/22, I interviewed the complainant by telephone. The complainant alleged the kitchen workers lock the kitchen and pantry area when they leave at 6:30pm. The complainant alleged medication technicians do not have access to applesauce or pudding for medication passes. The complainant alleged residents have reported they are hungry, and the care staff do not have access to food.

On 10/27/22, I interviewed administrator Judy Finnie at the facility. Ms. Finnie reported the facility used to keep snacks in the common area but there were residents that were hoarding the snacks. Ms. Finnie reported the facility made the decision to have snacks available upon request and at snack times. Ms. Finnie reported there were residents that were walking into the kitchen and pantry area which was a safety concern. Ms. Finnie reported the kitchen and pantry are locked when the kitchen staff leave for the night which is around 7:00pm. Ms. Finnie reported she believes there is a kitchen key that is located on the medication cart in the care station. Ms. Finnie reported residents are provided three meals a day and snacks.

On 10/27/22, I interviewed chef Nikkie Cleveland at the facility. Ms. Cleveland reported the kitchen and pantry door is locked when she leaves at night due to safety concerns. Ms. Cleveland reported the care staff have a key to access the pantry and kitchen area. Ms. Cleveland reported kitchen staff provide applesauce and yogurt for medication passes. Ms. Cleveland reported residents are provided meals and snacks.

On 10/27/22, I interviewed staff person 1 (SP1) at the facility. SP1 reported she believes there is a key on the medication cart which opens the kitchen and pantry. SP1 reported care staff can and do access the pantry for snacks. SP1 reported residents are provided snacks.

On 10/27/22, I interviewed SP2 at the facility. SP2 statements were consistent with those made by SP1.

On 10/27/22, I interviewed Resident A at the facility. Resident A reported she receives meals, snacks, and drinks at the facility. Resident A reported she has always received food when requested.

On 10/27/22, I interviewed Resident B at the facility. Resident B's statements were consistent with those made by Resident A.

At the facility, I observed the kitchen key that was in the medication cart in the centrally located care station. The key unlocked the kitchen and pantry area. I observed a small kitchenette in the common area. The kitchenette had a refrigerator that had drinks available to the residents. I observed the memory care unit. The unit had a small kitchenette that had a stocked refrigerator and snacks on the counter.

APPLICABLE RULE	
R 325.1952	Meals and special diets.
	(1) A home shall offer 3 meals daily to be served to a resident at regular meal times. A home shall make snacks and beverages available to residents.

ANALYSIS:	Interviews with staff persons and residents revealed residents are provided meals and snacks. There is lack of evidence to support this allegation.
CONCLUSION:	VIOLATION NOT ESTABLISHED

ADDITIONAL FINDINGS:

INVESTIGATION:

The complainant reported no knowledge of a key to unlock the kitchen and pantry area.

Ms. Finny reported uncertainty if there was a key located in the medication cart to unlock the kitchen and pantry area.

On 10/27/22, I interviewed SP3 by telephone. SP3 reported the kitchen staff got angry at care staff because the refrigerator was not cleaned. SP3 reported since then the kitchen and pantry are locked afterhours. SP3 reported care staff can access food from the memory care unit. SP3 reported no knowledge of a key located in the medication cart.

APPLICABLE 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.
ANALYSIS:	When it was decided to lock the kitchen and pantry area, information was not passed along to direct care staff that there was a key to access the kitchen and pantry area. The facility did not ensure the facility had an organized program.
CONCLUSION:	VIOLATION ESTABLISHED

On 11/16/22, I conducted an exit conference with authorized representative Carol DelRaso by telephone.

IV. RECOMMENDATION

Contingent upon receipt of an acceptable corrective action plan, I recommend no change in the status of the license.

Kimberly Horst

10/28/22

Kimberly Horst
Licensing Staff

Date

Approved By:

Andrea Moore

11/15/2022

Andrea L. Moore, Manager
Long-Term-Care State Licensing Section

Date