



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

ORLENE HAWKS
DIRECTOR

April 17, 2023

Amy Borzymowski
Brookdale of Troy MC
4900 Northfield Parkway
Troy, MI 48098

RE: License #: AH630236937

Dear Ms. Borzymowski:

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. If you fail to submit an acceptable corrective action plan, disciplinary action will result. 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 authorized representative and a date.

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 blue ink, appearing to read "Elizabeth Gregory-Weil".

Elizabeth Gregory-Weil, Licensing Staff
Bureau of Community and Health Systems
611 W. Ottawa Street
P.O. Box 30664
Lansing, MI 48909
(810) 347-5503

enclosure

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

I. IDENTIFYING INFORMATION

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| License #: | AH630236937 |
| 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: | Amy Borzymowski |
| Administrator: | Gary Kosten |
| Name of Facility: | Brookdale of Troy MC |
| Facility Address: | 4900 Northfield Parkway Troy, MI 48098 |
| Facility Telephone #: | (248) 267-9500 |
| Original Issuance Date: | 06/01/1999 |
| Capacity: | 52 |
| Program Type: | AGED ALZHEIMERS |

II. METHODS OF INSPECTION

Date of On-site Inspection(s): 04/13/2023

Date of Bureau of Fire Services Inspection if applicable: 01/20/2023

Inspection Type: Interview and Observation Worksheet
 Combination

Date of Exit Conference: 04/13/2023

No. of staff interviewed and/or observed 9
No. of residents interviewed and/or observed 11
No. of others interviewed 0 Role

- 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. The facility does not hold resident funds in trust.
- Meal preparation / service observed? Yes No If no, explain.
- Fire drills reviewed? Yes No If no, explain.
The Bureau of Fire Services reviews fire drills, however facility disaster planning procedures were reviewed.
- 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: 5/8/20 and 12/21/20, R 325.1924 (3)- administrative rules have recently changed, therefore previous CAP measures do not apply.
- Number of excluded employees followed up? 2 N/A

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

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| <p>This facility was found to be in non-compliance with the following rules administrative rules regulating home for the aged facilities:</p> | |
| R 325.1923 | Employee's health. |
| | <p>(2) A home shall provide initial tuberculosis screening at no cost for its employees. New employees shall be screened within 10 days of hire and before occupational exposure. The screening type and frequency of routine tuberculosis (TB) testing shall be determined by a risk assessment as described in the 2005 MMWR "Guidelines for Preventing the Transmission of Mycobacterium tuberculosis in Health-Care Settings, 2005" (http://www.cdc.gov/mmwr/pdf/rr/rr5417.pdf), Appendices B and C, and any subsequent guidelines as published by the centers for disease control and prevention. Each home, and each location or venue of care, if a home provides care at multiple locations, shall complete a risk assessment annually. Homes that are low risk do not need to conduct annual TB testing for employees.</p> |
| <p>The facility could not produce initial TB screen results for Employees A, B, C and D. Employee A was hired on 8/25/22, Employee B was hired on 7/18/22, Employee C was hired on 6/8/20 and Employee D was hired on 7/24/22.</p> | |
| R 325.1932 | Resident medications. |
| | <p>(2) Prescribed medication managed by the home shall be given, taken, or applied pursuant to labeling instructions, orders and by the prescribing licensed health care professional.</p> |
| <p>Medication administration records (MAR) were reviewed for the previous six week period and the following observations were made:</p> <p>Resident A was not administered any of his morning medications on 3/7/23. Staff documented that the resident was sleeping during the morning med pass. Administrator Gary Kosten stated that the facility has a two hour window to pass</p> | |

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| <p>medications and that staff should have attempted to administer the medications again within that timeframe. Resident B missed scheduled doses of Levothyroxine on 3/2/23, 3/12/23 and 4/3/23. Based on the documentation provided it is unknown why Resident B did not receive her scheduled medications on those dates, as staff left the MAR blank and did not document a reason for the missed med passes. Resident C missed a scheduled dose of Hydralazine on 3/12/23. Based on the documentation provided it is unknown why Resident C did not receive her scheduled medication on this date, as staff left the MAR blank and did not document a reason for the missed med pass. Resident C also missed one or more scheduled doses of Hydrocortisone on 3/11/23, 3/12/23, 3/13/23, 3/25/23, 3/26/23, 3/27/23 and 3/28/23. Staff documented the reason for the missed doses as “see progress notes” and “pharmacy action required”. The facility did not have any corresponding progress notes and could not identify the action that the pharmacy needed to take. Therefore, it is unknown why Resident C did not receive her scheduled medication on those dates.</p> | |
| R 325.1944 | Employee records and work schedules. |
| | <p>(1) A home shall maintain a record for each employee which shall include all of the following: (g) Results of annual tuberculosis screening as required by R 325.1923(2).</p> |
| <p>Records for Employees A, B, C and D did not contain initial TB screening results.</p> | |
| R 325.1953 | Menus. |
| | <p>(1) A home shall prepare and post the menu for regular and therapeutic or special diets for the current week. Changes shall be written on the planned menu to show the menu as actually served.</p> |
| <p>The posted menus observed during my inspection were dated 3/5/23-4/8/23 and did not have the current week posted.</p> | |
| R 325.1954 | Meal and food records. |
| | <p>The home shall maintain a record of the meal census, to include residents, personnel, and visitors, and a record of the kind and amount of food used for the preceding 3-month period.</p> |

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| Meal census records were not maintained for the previous 3-month period. I observed that documentation was missing from 3/9/23-4/1/23. | |
| R 325.1976 | Kitchen and dietary. |
| | (6) Food and drink used in the home shall be clean and wholesome and shall be manufactured, handled, stored, prepared, transported, and served so as to be safe for human consumption. |
| <p>Perishable food items in the walk in refrigerator and freezer lacked any labeling as to when they were delivered, opened or prepared. Many items also lacked a proper seal and were left uncovered in their original packaging after being opened. Items affected included but are not limited to a variety of frozen vegetables, cheese, cookie dough, corned beef, chicken, fish filets, French fries, lunch meat, pasta, potato wedges, pureed items and a tomato based sauce.</p> <p>REPEAT VIOLATION ESTABLISHED [for reference, see licensing study reported (LSR) dated 6/25/2020]</p> | |
| R 325.1976 | Kitchen and dietary. |
| | (13) A multi-use utensil used in food storage, preparation, transport, or serving shall be thoroughly cleaned and sanitized after each use and shall be handled and stored in a manner which will protect it from contamination. |
| I observed large plastic containers of parmesan cheese and salt that had a scoop like device that was kept inside of the container. It was clear that the “scoops” were left in the containers permanently and were not being sanitized or replaced after each use. | |
| R 325.1979 | General maintenance and storage. |
| | (1) The building, equipment, and furniture shall be kept clean and in good repair. |

Areas of the building were observed to be in disrepair. The “E” court spa room had a piece missing off of its whirlpool tub and there were several areas on the walls that need to be painted. A screened porch leading out to an enclosed courtyard had wooden doors that were rotting and had difficulty opening and closing from warping. There were rips/holes in the screened enclosure and wooden trim surrounding the screen doors appeared to be rotted and was becoming detached from the building structure.

REPEAT VIOLATION ESTABLISHED [for reference, see licensing study reported (LSR) dated 6/25/2020]

IV. RECOMMENDATION

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



04/17/2023

Elizabeth Gregory-Weil
Licensing Consultant

Date