

GRETCHEN WHITMER GOVERNOR STATE OF MICHIGAN DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS LANSING

MARLON I. BROWN, DPA ACTING DIRECTOR

September 26, 2023

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

> RE: License #: AH030293792 Briarwood Assisted Living 620 Ely St. Allegan, MI 49010

Dear Carol Del Raso:

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 until 10/15/2024. 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,

Jul hundro

Julie Viviano, Licensing Staff Bureau of Community and Health Systems Unit 13, 7th Floor 350 Ottawa, N.W. Grand Rapids, MI 49503

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

I. IDENTIFYING INFORMATION

| License #: | AH030293792 | |
|----------------------------------|--------------------------------|--|
| | | |
| Licensee Name: | Briarwood Assisted Living, LLC | |
| | | |
| Licensee Address: | Suite 200 | |
| | 3196 Kraft Ave SE | |
| | Grand Rapids, MI 49512 | |
| | | |
| Licensee Telephone #: | (616) 464-1564 | |
| | | |
| Authorized Representative: | Carol Del Raso | |
| | | |
| Administrator/Licensee Designee: | Judy Finnie | |
| | | |
| Name of Facility: | Briarwood Assisted Living | |
| | | |
| Facility Address: | 620 Ely St. | |
| | Allegan, MI 49010 | |
| Eccility Tolonhono # | (260) 672 0526 | |
| Facility Telephone #: | (269) 673-9536 | |
| Original Issuance Date: | 06/10/2008 | |
| | | |
| Capacity: | 55 | |
| | | |
| Program Type: | AGED | |
| | ALZHEIMERS | |
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II. METHODS OF INSPECTION

Date of On-site Inspection(s): 09/21/2023

Date of Bureau of Fire Services Inspection if applicable: BFS – C; 12/13/2022

| Inspection Type: | Interview and Observation | Worksheet | |
|---|-------------------------------------|----------------------|--|
| Date of Exit Conference: 9/21/2023 | | | |
| No. of staff interviewed and No. of residents interviewe No. of others interviewed | d and/or observed | 7 18 | |
| Medication pass / sime | ulated pass observed? Yes $igtimes$ | 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 home does not keep resident funds in trust. Meal preparation / service observed? Yes ∑ No ☐ If no, explain. | | | |
| Fire drills reviewed? Yes No If no, explain. Reviewed disaster plans along with interviewed staff on 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: 11/16/2022 2022A1021005
- Number of excluded employees followed up? 0 N/A \boxtimes

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

The facility is in compliance with all applicable rules and statutes.

IV. RECOMMENDATION

Renewal of the license is recommended.

Julie hurano.

9/21/2023

Date

Licensing Consultant