



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
DIRECTOR

March 12, 2024

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

RE: License #: AL130077494
Investigation #: 2024A1032020
Brookdale Battle Creek MC (MI)

Dear Kattie LaRose:

Attached is the Special Investigation Report for the above referenced facility. No substantial violations were found.

Please review the enclosed documentation for accuracy and contact me with any questions. If I am not available and you need to speak to someone immediately, please contact the local office at (616) 356-0183.

Sincerely,

A handwritten signature in black ink, appearing to read "Dwight Forde".

Dwight Forde, Licensing Consultant
Bureau of Community and Health Systems
350 Ottawa, N.W. Unit 13, 7th Floor
Grand Rapids, MI 49503

enclosure

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

I. IDENTIFYING INFORMATION

| | |
|---------------------------------------|--|
| License #: | AL130077494 |
| Investigation #: | 2024A1032020 |
| Complaint Receipt Date: | 02/02/2024 |
| Investigation Initiation Date: | 02/05/2024 |
| Report Due Date: | 04/02/2024 |
| Licensee Name: | Brookdale Senior Living Communities, Inc. |
| Licensee Address: | 6737 West Washington St. Suite 2300 Milwaukee, WI 53214 |
| Licensee Telephone #: | (414) 918-5000 |
| Administrator: | Kattie LaRose |
| Licensee Designee: | Kattie LaRose |
| Name of Facility: | Brookdale Battle Creek MC (MI) |
| Facility Address: | 197 Lois Drive, Battle Creek, MI 49015 |
| Facility Telephone #: | (269) 979-9511 |
| Original Issuance Date: | 11/03/1997 |
| License Status: | REGULAR |
| Effective Date: | 07/28/2022 |
| Expiration Date: | 07/27/2024 |
| Capacity: | 20 |
| Program Type: | PHYSICALLY HANDICAPPED ALZHEIMERS AGED |

II. ALLEGATION(S)

| | Violation Established? |
|---|-------------------------------|
| The home operates with low levels of staff. | No |
| Resident A's plan of care was not completed prior to admission. | No |
| Additional Findings | No |

III. METHODOLOGY

| | |
|------------|--|
| 02/02/2024 | Special Investigation Intake 2024A1032020 |
| 02/05/2024 | Special Investigation Initiated - On Site |
| 03/05/2024 | Exit Conference |

ALLEGATION:

The home operates with low levels of staff.

INVESTIGATION:

On 2/5/24, I interviewed District Nurse Director Jennifer Smith in the home. Ms. Smith denied that home operates under the staffing ratio. Ms. Smith advised that if there are absences, the home will either call other employees to cover the shift or employ the services of a staffing company to fill the spots. Ms. Smith acknowledged that there was a day when the medical technicians (med tech) assigned to the home were mandated to work over their shift to wait for late, in-bound coverage.

I interviewed Resident A in the home. Due to Resident A's mental condition, she did not provide much in the way of detail, such as observations of staffing levels. Resident A did acknowledge that she enjoyed living in the home.

I interviewed Resident Care Coordinator Tara Lewis-Adkins in the home. Ms. Adkins reported that there were no gaps in coverage that would have resulted in the home operating under ratio.

I interviewed med tech Alexis Briggs in the home. Ms. Briggs reported that the home's census was eight residents. Ms. Briggs reported that there are at least two employees on shift to provide care.

Ms. Smith provided a copy of the schedule for the past 30 days, indicating spots where the agency staffing was used.

| APPLICABLE RULE | |
|------------------------|--|
| R 400.15206 | Staffing requirements. |
| | (1) The ratio of direct care staff to residents shall be adequate as determined by the department, to carry out the responsibilities defined in the act and in these rules and shall not be less than 1 direct care staff to 15 residents during waking hours or less than 1 direct care staff member to 20 residents during normal sleeping hours. |
| ANALYSIS: | I conducted interviews with employees at the home. It was acknowledged that as needed staffing was used if there were absences. Based on the current census, there did not appear to be staff ratio violations. I also observed a schedule for the past month and the levels of staffing appeared to be in compliance. |
| CONCLUSION: | VIOLATION NOT ESTABLISHED |

ALLEGATION:

Resident A's plan of care was not completed prior to admission.

INVESTIGATION:

Ms. Smith provided a copy of Resident A's assessment plan that was dated one day before Resident A's admission.

| APPLICABLE RULE | |
|------------------------|--|
| R 400.15301 | ; resident assessment plan; |
| | (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. |
| ANALYSIS: | I observed a resident assessment plan that was dated one day prior to Resident A's admission. |
| CONCLUSION: | VIOLATION NOT ESTABLISHED |

On 3/5/24, I conducted an exit conference with District Director of Operations, Denise Kunkleman. I shared my findings and Ms. Kunkleman agreed with the conclusions reached.

IV. RECOMMENDATION

I recommend no change to the status of this license.

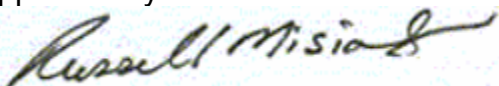


3/12/24

Dwight Forde
Licensing Consultant

Date

Approved By:



3/26/24

Russell B. Misiak
Area Manager

Date