



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

MARLON I. BROWN, DPA  
DIRECTOR

October 4, 2024

Mary North  
Brookdale Northville  
40405 Six Mile Road  
Northville, MI 48167

RE: License #: AH820236941

Dear Licensee:

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 home for the aged 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**

<b>License #:</b>	AH820236941
<b>Licensee Name:</b>	Brookdale Senior Living Communities, Inc.
<b>Licensee Address:</b>	6737 West Washington St., Suite 2300 Milwaukee, WI 53214
<b>Licensee Telephone #:</b>	(615) 221-2250
<b>Authorized Representative:</b>	Mary North
<b>Name of Facility:</b>	Brookdale Northville
<b>Facility Address:</b>	40405 Six Mile Road Northville, MI 48167
<b>Facility Telephone #:</b>	(734) 420-6104
<b>Original Issuance Date:</b>	10/10/1996
<b>Capacity:</b>	72
<b>Program Type:</b>	AGED

## II. METHODS OF INSPECTION

Date of On-site Inspection(s): 09/26/2024

Date of Bureau of Fire Services Inspection if applicable: 11/08/2023

Inspection Type:  Interview and Observation  Worksheet  
 Combination

Date of Exit Conference: 10/04/2024

No. of staff interviewed and/or observed 12

No. of residents interviewed and/or observed 22

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: Corrective action plans were reviewed, however there are numerous repeat violations noted in this report.
- Number of excluded employees followed up? 2 N/A

### III. DESCRIPTION OF FINDINGS & CONCLUSIONS

This facility was found to be in non-compliance with the following administrative rules regulating home for the aged facilities:	
<b>R 325.1923</b>	<b>Employee's health.</b>
	<b>(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 (<a href="http://www.cdc.gov/mmwr/pdf/rr/rr5417.pdf">http://www.cdc.gov/mmwr/pdf/rr/rr5417.pdf</a>), 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.</b>
Employee 1, 2, 3, and 4's files did not contain evidence that initial TB testing was completed within the timeframe requirements outlined by this rule. Employee 1's hire date is 12/7/23 and her initial TB test was completed on 11/20/23. Employee 2's hire date is 9/29/23 and her TB test was completed on 9/12/23. Employee 3's hire date is 1/30/23 and his initial TB test was completed on 1/6/23. Employee 4's hire date is 7/29/17 and her initial TB test was completed on 7/13/17.	
<b>[REPEAT VIOLATION ESTABLISHED]</b>	
<b>R 325.1931</b>	<b>Employees; general provisions.</b>
	<b>(2) A home shall treat a resident with dignity and his or her personal needs, including protection and safety, shall be attended to consistent with the resident's service plan.</b>

<p>Resident A's medication administration record (MAR) instructs that Resident A self-administers his medication, however his service plan does not include this instruction. Administrator Kristy Hamrick confirmed that Resident A administers all his own medication.</p> <p>Resident B's service plan reads that she administers her own medications, however review of her MAR reveal that there are some medications that staff administer to her. Ms. Hamrick stated that facility staff are responsible for storing and administering the resident's controlled substances, however the service plan does not list this detail.</p>	
<b>R 325.1932</b>	<b>Resident medications.</b>
	<b>(1) A service plan must identify prescribed medication to be self-administered or managed by the home.</b>
<p>Service plans for Residents A and B do not accurately specify their medication administration status.</p>	
<b>R 325.1932</b>	<b>Resident medications.</b>
	<p><b>(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.</b></p> <p><b>(3) Staff who supervise the administration of medication for residents who do not self-administer shall comply with all of the following:</b></p> <p><b>(b) Complete an individual medication log that contains all of the following information:</b></p> <p><b>(v) The initials of the individual who administered the prescribed medication.</b></p> <p><b>(c) Contact the appropriate licensed health care professional when the prescribed medication has not been administered in accordance with the label instruction, an order from a health care professional, medication log, or a service plan.</b></p>
<p>Medication administration records were reviewed for the previous eight weeks, and the following observations were made:</p>	

Resident B missed a dose of alprazolam on 8/3/24; staff failed to document a reason for the missed dose and the MAR was left blank.

According to administrator Kristy Hamrick, Resident B self-administers her medication, except for controlled substances. Facility staff incorrectly documented during the entire month of August that they administered Resident B's cipro when they did not. Ms. Hamrick confirmed that this medication is self-administered by Resident B and the documentation on the MAR was done in error.

Resident C missed a dose of allopurinol, liothyronine, magnesium oxide, propranolol, vitamin D3, divalproex, Eliquis, miralax and senokot on 8/6/24 and missed doses of levocarnitine on 8/1/24, 8/6/24, 8/9/24, 8/10/24, 8/31/24, 9/1/24, 9/10/24; staff failed to document a reason for the missed doses and the MAR was left blank. Resident C missed a dose of miralax on 9/6/24 at 8:00am due to resident being asleep; however staff documented several other medications administered to Resident C at 8:00am. Ms. Hamrick reported that this was a documentation error, citing that the resident actually refused the medication.

Resident C is instructed to wear compression stocking daily, requiring staff to document putting the stockings on in the morning and taking them off at night. Staff intermittently documented that these tasks were completed, in between several dates where they indicated that pharmacy action was required. Ms. Hamrick reported that at some point (date unknown), Resident C told staff that he didn't have any stockings, and the order was discontinued on 9/24/24. Ms. Hamrick reported that staff did not follow protocol and incorrectly documented their actions in Resident C's MAR.

Resident D missed doses of diltiazem and gabapentin on 8/1/24, 8/6/24, 8/9/24, 8/10/24, 8/31/24, 9/1/24 and 9/9/24; staff failed to document a reason for the missed doses and the MAR was left blank. On 8/1/24, 8/3/24, 8/4/24, 8/6/24, 8/9/24, 8/10/24, 8/15/24, 8/31/24, 9/1/24 Resident D missed a scheduled dose of tobrex; staff failed to document a reason for the missed doses and the MAR was left blank. Resident D's MAR was also blank for her 11am novolog blood sugar reading on 8/10/24 and 9/4/24 and free style libre blood sugar reading on 8/3/24, 8/10/24, 8/23/24 and 9/4/24.

On 8/3/24 and 8/24/24 Resident D's MAR was left blank for her bedtime insulin injection. Ms. Hamrick reported that staff confirmed with the resident (who keeps detailed logs of her insulin) that she did receive her insulin on those dates. It is unknown why staff failed to document the medication administrations.

On 8/6/24, Resident D did not receive a scheduled dose of potassium and vitamin B12; staff documented the reason for the missed doses as "pharmacy action required". Ms. Hamrick reported that staff inadvertently thought they did not have the

<p>medication onsite but confirmed that they were both in the building an available to administer.</p> <p>On 8/7/24, 8/8/24, 8/9/24, 8/13/24, 8/14/24, 8/15/24, Resident D did not receive her scheduled memantine; staff documented the reason for the missed doses as “pharmacy action required”. Ms. Hamrick reported that staff stated that the medication was not in the cart and failed to notify the health and wellness director that the medication was unavailable. On 8/10/24, 8/11/24 and 8/12/24, facility staff documented that Resident D received her memantine despite it not being available. Ms. Hamrick reported that staff incorrectly documented that they gave the medication when it was not in the building to administer.</p> <p>Resident E missed scheduled doses of Eliquis on 8/6/24 and 8/14/24 and a scheduled dose of metformin on 8/6/24. Staff documented the reason for the missed doses as “pharmacy action required”. Ms. Hamrick reported that staff inadvertently thought they did not have the medication onsite but confirmed that they were both in the building an available to administer.</p>	
<b>R 325.1968</b>	<b>Toilet and bathing facilities.</b>
	<b>(4) A resident toilet room or bathroom shall not be used for storage or housekeeping functions.</b>
<p>Communal bathrooms located in “A”, “B”, “C”, “D” and “E” halls were all being used for storage purposes.</p> <p><b>[REPEAT VIOLATION ESTABLISHED]</b></p>	
<b>R 325.1972</b>	<b>Solid wastes.</b>
	<b>All garbage and rubbish shall be kept in leakproof, nonabsorbent containers. The containers shall be kept covered with tight-fitting lids and shall be removed from the home daily and from the premises at least weekly.</b>
<p>Multiple garbage containers throughout the facility were observed without lids.</p> <p><b>[REPEAT VIOLATION ESTABLISHED]</b></p>	
<b>R 325.1976</b>	<b>Kitchen and dietary.</b>
	<b>(13) A multi-use utensil used in food storage, preparation, transport, or serving shall be thoroughly cleaned and</b>

	<b>sanitized after each use and shall be handled and stored in a manner which will protect it from contamination.</b>
<p>Ms. Hamrick reported that the facility's commercial dish machine uses chemicals to sanitize the dishes. Ms. Hamrick reported that staff should be using Ecolab test strips to ensure that the chemicals are at the appropriate level, however this has not been done at all for the month of September.</p>	
<b>R 325.1976</b>	<b>Kitchen and dietary.</b>
	<b>(15) Ice used in the home for any purpose shall be manufactured, stored, transported, and handled in a sanitary manner.</b>
<p>A scoop was observed inside the contents of the ice machine. It was evident that this scoop was not for single use and was being kept inside of the ice for an undetermined amount of time without being properly sanitized after each use. By leaving the scoop inside of the ice bin, it is increasing the possibility of cross contamination from the handle of the scoop to the contents of the bin.</p>	
<b>R 325.1979</b>	<b>General maintenance and storage.</b>
	<b>(1) The building, equipment, and furniture shall be kept clean and in good repair.</b>
<p>I observed the facility to need a deep cleaning. Many surfaces were sticky, including floors, tables and counter tops. Visible staining was observed on the floors throughout the facility, all five communal restrooms were in complete disarray and the tile floor in the "A" hallway housekeeping closet was warped, uneven and coming apart.</p> <p><b>[REPEAT VIOLATION ESTABLISHED]</b></p>	

#### IV. RECOMMENDATION

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



10/04/2024

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Elizabeth Gregory-Weil  
Licensing Consultant

Date