



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

MARLON I. BROWN, DPA  
DIRECTOR

December 19, 2024

Kattie LaRose  
Brookdale Senior Living Communities, Inc.  
105 Westwood Place  
Brentwood, TN 37027

RE: License #: AL580080590  
**Brookdale Monroe AL (MI)**  
**1605 Fredericks Drive**  
**Monroe, MI 48162**

Dear Ms. LaRose:

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. It is valid only at your present address and is nontransferable.

Please contact me with any questions. In the event that I am not available and you need to speak to someone immediately, you may contact the local office at (313) 456-0380.

Sincerely,

A handwritten signature in blue ink that reads "Pandrea Robinson".

Pandrea Robinson, Licensing Consultant  
Bureau of Community and Health Systems  
Cadillac Pl. Ste 9-100  
3026 W. Grand Blvd  
Detroit, MI 48202  
(313) 319-9682

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

**I. IDENTIFYING INFORMATION**

**License #:** AL580080590

**Licensee Name:** Brookdale Senior Living Communities, Inc.

**Licensee Address:** 105 Westwood Place  
Brentwood, TN 37027

**Licensee Telephone #:** (615) 221-2250

**Licensee/Licensee Designee:** Kattie LaRose

**Administrator:** Kattie LaRose

**Name of Facility:** Brookdale Monroe AL (MI)

**Facility Address:** 1605 Fredericks Drive  
Monroe, MI 48162

**Facility Telephone #:** (734) 241-5700

**Original Issuance Date:** 04/28/1998

**Capacity:** 20

**Program Type:** PHYSICALLY HANDICAPPED  
DEVELOPMENTALLY DISABLED  
AGED

## II. METHODS OF INSPECTION

Date of On-site Inspection(s): 12/18/2024

Date of Bureau of Fire Services Inspection if applicable: 11/14/2024

Date of Health Authority Inspection if applicable: 12/18/2024

No. of staff interviewed and/or observed 3  
No. of residents interviewed and/or observed 10  
No. of others interviewed [redacted] Role: [redacted]

- Medication pass / simulated pass observed? Yes  No  If no, explain.
- Medication(s) and medication record(s) reviewed? Yes  No  If no, explain.
- Resident funds and associated documents reviewed for at least one resident? Yes  No  If no, explain.
- Meal preparation / service observed? Yes  No  If no, explain.
- Fire drills reviewed? Yes  No  If no, explain.
- Fire safety equipment and practices observed? Yes  No  If no, explain.
- E-scores reviewed? (Special Certification Only) Yes  No  N/A   
If no, explain.
- Water temperatures checked? Yes  No  If no, explain.
- Incident report follow-up? Yes  No  If no, explain.
- Corrective action plan compliance verified? Yes  CAP date/s and rule/s:  
CAP dated 12/14/24 Rules 301(9), 301 (10), and 310 (3). N/A
- Number of excluded employees followed-up? N/A
- Variances? Yes  (please explain) No  N/A

### III. DESCRIPTION OF FINDINGS & CONCLUSIONS

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

### IV. RECOMMENDATION

I recommend issuance of a 2-year regular adult foster care license.



Pandrea Robinson  
Licensing Consultant

12/19/24  
Date