



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
DIRECTOR

January 9, 2025

Mary North
Brookdale Farmington Hills North II
27900 Drake Road
Farmington Hills, MI 48331

RE: License #: AH630236929

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,

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

License #:	AH630236929
Licensee Name:	Brookdale Senior Living Communities, Inc.
Licensee Address:	105 Westwood Place Brentwood, TN 37027
Licensee Telephone #:	(615) 221-2250
Authorized Representative:	Mary North
Administrator:	Rebecca Eagle
Name of Facility:	Brookdale Farmington Hills North II
Facility Address:	27900 Drake Road Farmington Hills, MI 48331
Facility Telephone #:	(248) 489-9362
Original Issuance Date:	09/25/1999
Capacity:	32
Program Type:	ALZHEIMERS AGED

II. METHODS OF INSPECTION

Date of On-site Inspection(s): 01/07/2025

Date of Bureau of Fire Services Inspection if applicable: 04/17/2024- "C" rating

Inspection Type: ☐ Interview and Observation ☒ Worksheet
☐ Combination

Date of Exit Conference: 01/08/2025

No. of staff interviewed and/or observed 7

No. of residents interviewed and/or observed 7

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: Compliance was not verified, as this report contains repeat violations.
- Number of excluded employees followed up? 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:	
R 325.1921	Governing bodies, administrators, and supervisors.
	(1) The owner, operator, and governing body of a home shall do all of the following: (b) Assure that the home maintains an organized program to provide room and board, protection, supervision, assistance, and supervised personal care for its residents.
<p>The owner, operator, governing body did not assure that the home maintains an organized program of protection to its residents as evidenced by the following:</p> <p>I observed Resident A to have a bedside assistive device with a support bar that slid underneath the Resident's mattress. The facility lacked physician's orders for the devices directing their purpose and authorization for use, the devices were not addressed in any of the resident service plans, there were no manufacturer's guidelines for proper installation and use of the devices and did not demonstrate an ongoing training and maintenance program for the devices. The facility did not have an evaluation process to determine the appropriateness of the devices for the Resident and administrator Rebecca Eagle reported that the resident's family brought the device in and that it was not authorized by the facility or physician.</p> <p>The lack of a reasonably organized program of protection related to these devices place staff at a disadvantage when attempting to meet the safety needs of residents and does not reasonably protect residents from the possibility of unnecessary entrapment and/or entanglement injury or death associated with such devices.</p>	
R 325.1922	Admission and retention of residents.
	(7) An individual admitted to residence in the home shall have evidence of tuberculosis screening on record in the home that was performed within 12 months before admission. Initial screening may consist of an intradermal skin test, a blood test, a chest x-ray, or other methods recommended by the public health authority. The screening type and frequency of routine tuberculosis (TB) testing shall be determined by a risk assessment as

	<p>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. A 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 have to conduct annual TB testing for residents.</p>
<p>Resident B moved into the facility on 7/30/24 but her TB screen was not completed until after she moved in on 7/31/24. Resident C moved into the facility on 8/31/24 but his TB screen was not completed until after he moved in on 9/5/24.</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>Employee 1's did not contain evidence that initial TB testing was completed within the timeframe requirement outlined by this rule. Employee 1's hire date is 9/27/24 and her TB test on file was completed on 5/4/24.</p>	
R 325.1932	Resident medications.
	<p>(3) Staff who supervise the administration of medication for residents who do not self-administer shall comply with all of the following:</p>

	<p>(b) Complete an individual medication log that contains all of the following information:</p> <p>(v) The initials of the individual who administered the prescribed medication.</p>
<p>Medication administration records (MAR) were reviewed for the previous five weeks. The following observations were made:</p> <p>Resident A missed a dose of diclofenac on 1/3/25; staff failed to document a reason for the missed doses and the MAR was left blank. On 1/8/25, the administrator Rebecca Eagle submitted a progress note that read the medication was administered but staff did not document it.</p>	
R 325.1953	Menus.
	(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>The posted menu was not for the current week. The dates on the posted menu was for the week December 22, 2024- December 28, 2024.</p>	
R 325.1954	Meal and food records.
	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>Meal census records maintained by the facility were combined with another building on campus and included meal counts that were for residents outside of this license.</p> <p>[REPEAT VIOLATION ESTABLISHED]</p>	
R 325.1968	Toilet and bathing facilities.
	(4) A resident toilet room or bathroom shall not be used for storage or housekeeping functions.

Communal bathrooms located in “B” and “C” wings were being used for storage and housekeeping purposes.	
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>Multiple perishable food items in the commercial kitchen’s refrigerator and freezer were left uncovered and out in the open air without proper sealing or labels identifying when the packing was opened or when the items were prepared. These items include but are not limited to bacon (raw), cheese, chicken (raw), cookie dough (frozen), hamburger patties (frozen), pasta (cooked) and sausage patties (frozen).</p> <p>[REPEAT VIOLATION ESTABLISHED]</p>	
R 325.1979	General maintenance and storage.
	(3) Hazardous and toxic materials shall be stored in a safe manner.
<p>Unsecured chemicals cleaning agents were observed in two unlocked cabinets in the dining room. These items are an unnecessary ingestion and subsequent poisoning risk to those residents that lack safety awareness.</p>	

IV. RECOMMENDATION

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



01/09/2025

Elizabeth Gregory-Weil

Date

Licensing Consultant