



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
DIRECTOR

April 30, 2025

Mary North
Brookdale Ann Arbor
2190 Ann Arbor-Saline Rd.
Ann Arbor, MI 48103

RE: License #: AH810305217
Brookdale Ann Arbor
2190 Ann Arbor-Saline Rd.
Ann Arbor, MI 48103

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.

Upon receipt of an acceptable corrective action plan, the license will remain unchanged. If you fail to submit an acceptable corrective action plan, disciplinary action will result. 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 877-458-2757.

Sincerely,

Jessica Rogers, Licensing Staff
Bureau of Community and Health Systems
611 W. Ottawa Street
P.O. Box 30664
Lansing, MI 48909
(517) 285-7433
enclosure

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

I. IDENTIFYING INFORMATION

License #:	AH810305217
Licensee Name:	Brookdale Place of Ann Arbor, LLC
Licensee Address:	105 Westwood Place Brentwood, TN 37027
Licensee Telephone #:	(414) 918-5000
Authorized Representative:	Mary North
Administrator:	Jena Wisely
Name of Facility:	Brookdale Ann Arbor
Facility Address:	2190 Ann Arbor-Saline Rd. Ann Arbor, MI 48103
Facility Telephone #:	(734) 327-1350
Original Issuance Date:	10/19/2010
Capacity:	82
Program Type:	ALZHEIMERS AGED

II. METHODS OF INSPECTION

Date of On-site Inspection(s): 04/29/2025

Date of Bureau of Fire Services Inspection if applicable: 04/22/2025

Inspection Type: ☐ Interview and Observation ☒ Worksheet
☐ Combination

Date of Exit Conference: 4/29/2025

No. of staff interviewed and/or observed 10

No. of residents interviewed and/or observed 28

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. No resident funds held.
- Meal preparation / service observed? Yes ☒ No ☐ If no, explain.
- Fire drills reviewed? Yes ☐ No ☒ If no, explain.
Bureau of Fire Services reviews fire drills. Disaster plan 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: CAP dated 3/28/2023 to Licensing Study Report (LSR) dated 3/22/2023: R 325.1921(1)(b), R 325.1931(3), R 325.1932(5), R 325.1964(9), R 325.1970(7), R 325.1974(1), R 325.1976(8)
- Number of excluded employees followed up? Two N/A ☐

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

This facility was found to be in non-compliance with the following rules:

R 325.1932 Resident medications.

(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.

A review of the facility's Controlled Substance/Medication Administration Record (MAR) Change of Shift Audit for medication cart #1 showed that staff were required to complete a narcotic count at each shift change, with both outgoing and incoming staff signing to confirm the count was conducted. However, from 4/11/2025 through 4/29/2025, several entries were missing signatures for one or more shifts, making it unclear whether the narcotic count was completed.

Review of Resident A's MARs for March and April 2025 revealed that entries for Haloperidol and Lorazepam were left blank on 3/27/2025 for the 5:00 AM doses, making it unclear whether the medications were administered.

A review of Resident F's MARs for March and April 2025 showed she was prescribed Metoprolol Tartrate, ½ tablet by mouth twice daily, to be held if systolic blood pressure was below 110 and/or pulse below 65. Staff documented that the medication was administered on multiple occasions when her vitals were outside the prescribed parameters. This occurred on the following dates: 3/3/2025, 3/4/2025, 3/5/2025, 3/7/2025, 3/9/2025, 3/13/2025, 3/15/2025, 3/16/2025, 3/20/2025, 4/3/2025, 4/7/2025, 4/11/2025, 4/21/2025, and 4/22/2025.

VIOLATION ESTABLISHED.

IV. RECOMMENDATION

Contingent upon receipt of an acceptable corrective action plan, I recommend the status of the license remain unchanged.



04/30/2025

Date

Licensing Consultant