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GOVERNOR

## STATE OF MICHIGAN DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS LANSING

ORLENE HAWKS DIRECTOR

October 1, 2021

Sanjay Gupta Brownstown Forest View Assisted Living 19341 Allen Rd. Brownstown, MI 48183

> RE: License #: AH820238949 Investigation #: 2021A1027056

> > **Brownstown Forest View Assisted Living**

Dear Mr. Gupta:

Attached is the Special Investigation Report for the above referenced facility. Due to the violations identified in the report, a written corrective action plan is required. 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 time frames for each violation as to when the correction will be completed or implemented.
- Indicate how continuing compliance will be maintained once compliance is achieved.
- Be signed by the authorized representative and dated.

If you desire technical assistance in addressing these issues, please feel free to contact me. In any event, the corrective action plan is due within 15 days.

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 contact the local office at (517) 284-9727.

Sincerely,

Jessica Rogers, Licensing Staff

Jossica Rogeris

Bureau of Community and Health Systems

611 W. Ottawa Street

P.O. Box 30664

Lansing, MI 48909

enclosure

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

#### I. IDENTIFYING INFORMATION

License #:	AH820238949
Investigation #:	2021A1027056
Complaint Receipt Date:	09/20/2021
Investigation Initiation Date:	09/20/2021
investigation initiation bate.	09/20/2021
Report Due Date:	11/20/2021
Licensee Name:	Brownstown Assisted Living Center LLC
Licensee Address:	19335 Allen Road
	Brownstown, MI 48183
	(
Licensee Telephone #:	(734) 658-4308
Administrator:	
Authorized Representative:	Sanjay Gupta
Name of Facility:	Brownstown Forest View Assisted Living
Name of Facility.	Blownstown Forest view Assisted Living
Facility Address:	19341 Allen Rd.
	Brownstown, MI 48183
Facility Telephone #:	(734) 675-2700
Tuenty receptions #.	(104) 013-2100
Original Issuance Date:	08/14/2002
Linean o Otatura	DECLUAD
License Status:	REGULAR
Effective Date:	12/17/2020
Expiration Date:	12/16/2021
Capacity:	76
- apaony.	
Program Type:	AGED

### II. ALLEGATION(S)

Violation Established?

The facility does not have an administrator.	Yes
Additional Findings	No

#### III. METHODOLOGY

09/20/2021	Special Investigation Intake 2021A1027056
09/20/2021	Special Investigation Initiated - Letter Email sent to AR Sanja Gupta requesting an employee list with phone number, resident roster and request for information regarding the administrator.
09/20/2021	Contact - Document Received Requested documentation received from business office manager Michelle Luce
09/21/2021	Contact - Document Received Email received from facility owner Dr. Surinder Jolly which read administrator Jaimie DeWitt's last day of employment was 9/20/21
10/01/2021	Contact – Telephone call made Interviewed licensing staff Brender Howard
10/01/2021	Inspection Completed-BCAL Sub. Compliance
10/04/2021	Exit Conference Conducted with authorized representative Sanja Gupta

The complainant identified some concerns that were not related to licensing rules and statutes for a home for the aged. Therefore, only specific items pertaining to homes for the aged provisions of care were considered for investigation. The following items were those that could be considered under the scope of licensing.

#### ALLEGATION:

The facility does not have an administrator.

#### INVESTIGATION:

On 9/20/21, the department received a complaint which alleged the facility did not have an administrator.

On 9/21/21, email correspondence with facility owner Dr. Surinder Jolly read administrator Jaimie DeWitt's last day of employment with the facility was 9/20/21.

On 10/1/21, I conducted a telephone interview with licensing staff Brender Howard. Ms. Howard stated she emailed authorized Sanjay Gupta the appointment of administrator form on 9/20 and forwarded the email sent. Ms. Howard stated she had not received an appointment of administrator form yet.

I reviewed the email correspondence from Ms. Howard to administrator Mr. Gupta on 9/20 which read Mr. Gupta forwarded the appointment of administrator form to facility owners Dr. Gupta and Dr. Jolly.

I reviewed the facility's file which read consistent with statements from Ms. Howard.

APPLICABLE RULE	
R 325.1921	Governing bodies, administrators, and supervisors.
	(1) The owner, operator, and governing body of a home shall do all of the following:
	(d) Appoint a competent administrator who is responsible for operating the home in accordance with the established policies of the home.
ANALYSIS:	Communication with the facility owner revealed the administrator's last day of employment was 9/20/21. The department has not received notification of a new appointment of administrator. Based on this information, this allegation is substantiated.
CONCLUSION:	VIOLATION ESTABLISHED

On 10/04/2021, I shared the findings of this report with authorized representative Sanja Gupta. Mr. Gupta verbalized understanding of the citation.

#### IV. RECOMMENDATION

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

Jossica Rogers

10/1/21

Jessica Rogers Licensing Staff Date

Approved By:

Russell Misia &

10/1/21

Russell B. Misiak Area Manager Date