



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

ORLENE HAWKS  
DIRECTOR

March 7, 2023

Vera Gjolaj  
Sunrise Assisted Living Of Bloomfield Hills  
6790 Telegraph Rd.  
Bloomfield Hills, MI 48301

RE: License #: AH630391696  
Investigation #: 2023A1019027

Dear Ms. Gjolaj:

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. Failure to submit an acceptable corrective action plan will result in disciplinary action. 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.
- How continuing compliance will be maintained once compliance is achieved.
- The signature of the 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 contact the local office at (517) 284-9730.

Sincerely,

A handwritten signature in black 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  
SPECIAL INVESTIGATION REPORT**

**I. IDENTIFYING INFORMATION**

<b>License #:</b>	AH630391696
<b>Investigation #:</b>	2023A1019027
<b>Complaint Receipt Date:</b>	02/21/2023
<b>Investigation Initiation Date:</b>	02/21/2023
<b>Report Due Date:</b>	04/23/2023
<b>Licensee Name:</b>	Welltower OpCo Group LLC
<b>Licensee Address:</b>	4500 Dorr Street Toledo, OH 43615
<b>Licensee Telephone #:</b>	(419) 247-2800
<b>Administrator and Authorized Representative:</b>	Vera Gjolaj
<b>Name of Facility:</b>	Sunrise Assisted Living Of Bloomfield Hills
<b>Facility Address:</b>	6790 Telegraph Rd. Bloomfield Hills, MI 48301
<b>Facility Telephone #:</b>	(248) 858-7200
<b>Original Issuance Date:</b>	12/23/2019
<b>License Status:</b>	REGULAR
<b>Effective Date:</b>	06/23/2022
<b>Expiration Date:</b>	06/22/2023
<b>Capacity:</b>	132
<b>Program Type:</b>	AGED

## II. ALLEGATION(S)

	Violation Established?
Resident A eloped form the facility twice.	Yes
Additional Findings	No

## III. METHODOLOGY

02/21/2023	Special Investigation Intake 2023A1019027
02/21/2023	Special Investigation Initiated - Telephone Phone call placed to admin/AR
02/21/2023	APS Referral Notified APS of the allegations via email referral template.
03/01/2023	Inspection Completed-BCAL Sub. Compliance

### ALLEGATION:

Resident A eloped form the facility twice.

### INVESTIGATION:

The department received two incident reports submitted by administrator and authorized representative Vera Gjolaj outlining elopement incidents with Resident A. Resident A resides in the secured memory care unit at the facility. The first incident report dated 1/26/23 read:

*[Resident A] was observed walking on Sunrise property sidewalk by care managers [Employee 1 and 2] 3 minutes after hearing the ajar door alarm sound on the 3rd floor exit door. [Resident A] was easily able to be redirected back into the community where she was calm and pleasant. No obvious injury was noted. [Resident A] was last observed 5 minutes before the ajar door alarm sounded and search began participating in activities by [Employee 1].*

*[Resident A] lives in the reminiscence neighborhood. She is able to make her needs known verbally and does not require assisted devices for mobility. When she was observed outside, she stated she left because she “wanted to leave and go somewhere”.*

*[Resident A] has not expressed exit behavior since this occurrence.*

The second incident report dated 2/20/23 read:

*[Resident A] was observed walking in Sunrise parking lot by [Employee 3], 3 minutes after hearing the ajar door alarm sound on the 3rd floor exit door. [Resident A] was easily able to be redirected back into the community where she was calm and pleasant. No obvious injury was noted. [Resident A] was last observed 25 minutes before the ajar door alarm sounded and search began asking to go to Kroger by [Employee 4]. [Resident A] lives in the reminiscence neighborhood. She is able to make her needs known verbally and does not require assisted devices for mobility. When she was observed outside, she stated she left because she "wanted to go to Kroger".*

Corrective measures for the first elopement read:

*Update care plan to reflect frequent checks and encouragement for activities engagement  
Coordinate follow up visit with primary care and psychiatry  
Continue to psychiatric nursing for monitoring and support  
Obtain urine sample to rule out urinary tract infection that may cause confusion*

Corrective measures for the second elopement read:

*Meet needs as needed by escorting resident with a shopping outing and or notifying family of item needs requested by resident  
Continue to provide frequent checks and encouragement for activities engagement  
Coordinate follow up visit with primary care and psychiatry  
Continue to psychiatric nursing for monitoring and support*

<b>APPLICABLE RULE</b>	
<b>R 325.1921</b>	<b>Governing bodies, administrators, and supervisors.</b>
	<b>(1) The owner, operator, and governing body of a home shall do all of the following:</b>  <b>(b) Assure that the home maintains an organized program to provide room and board, protection, supervision, assistance, and supervised personal care for its residents.</b>
<b>For Reference R 325.1901</b>	<b>Definitions.</b>
	<b>(16) "Protection" means the continual responsibility of the home to take reasonable action to ensure the health, safety,</b>

	<p>and well-being of a resident as indicated in the resident's service plan, including protection from physical harm, humiliation, intimidation, and social, moral, financial, and personal exploitation while on the premises, while under the supervision of the home or an agent or employee of the home, or when the resident's service plan states that the resident needs continuous supervision.</p> <p>(22) "Supervision" means guidance of a resident in the activities of daily living, and includes all of the following:</p> <p>(d) Being aware of a resident's general whereabouts as indicated in the resident's service plan, even though the resident may travel independently about the community.</p>
<b>ANALYSIS:</b>	Resident A had two successful elopements that occurred within a short amount of time. Facility staff provided inadequate supervision to Resident A, placing her at significant risk of harm when unattended outside the facility.
<b>CONCLUSION:</b>	<b>VIOLATION ESTABLISHED</b>

**IV. RECOMMENDATION**

Contingent upon approval of an acceptable corrective action plan, I recommend no changes to the status of the license.



03/03/2023

Elizabeth Gregory-Weil  
Licensing Staff

Date

Approved By:



03/07/2023

Andrea L. Moore, Manager  
Long-Term-Care State Licensing Section

Date