



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

ORLENE HAWKS
DIRECTOR

June 21, 2023

Melanie Belfry
Sunrise of Rochester
500 E University Dr
Rochester, MI 48307

RE: License #: AH630399620
Sunrise of Rochester
500 E University Dr
Rochester, MI 48307

Dear Mrs. Belfry:

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 will be renewed effective 07/01/2023. It is valid only at your present address and is nontransferable.

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,

A handwritten signature in blue 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
RENEWAL INSPECTION REPORT**

I. IDENTIFYING INFORMATION

License #:	AH630399620
Licensee Name:	SZR Rochester Assisted Living Opco, LLC
Licensee Address:	500 N. Hurstbourne Pkwy, Suite 200 Louisville, KY 40222-3301
Licensee Telephone #:	(502) 357-9380
Authorized Representative and Administrator:	Melanie Belfry
Name of Facility:	Sunrise of Rochester
Facility Address:	500 E University Dr Rochester, MI 48307
Facility Telephone #:	(248) 601-9000
Original Issuance Date:	01/01/2020
Capacity:	117
Program Type:	AGED ALZHEIMERS

II. METHODS OF INSPECTION

Date of On-site Inspection(s): 06/21/2023

Date of Bureau of Fire Services Inspection if applicable: 02/01/2023

Inspection Type: Interview and Observation Worksheet
 Combination

Date of Exit Conference: 06/21/2023

No. of staff interviewed and/or observed 22

No. of residents interviewed and/or observed 39

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: N/A- special investigation report (SIR) 2021A1019034 was full compliance.
- Number of excluded employees followed up? 4 N/A

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

The facility is in compliance with the public health code and administrative rules regulating home for the aged facilities.

IV. RECOMMENDATION

Renewal of the license is recommended.



06/21/2023

Elizabeth Gregory- Weil
Licensing Consultant

Date