



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

MARLON I. BROWN, DPA  
ACTING DIRECTOR

October 12, 2023

Jeffery Felton  
Birchwood Gardens LLC  
5277 Jackson Rd Ste D  
Ann Arbor, MI 48103

RE: License #: AS810396721  
Investigation #: 2023A0575046  
Birchwood Gardens

Dear Mr. Felton:

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 and dated.

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) 284-9720.

Sincerely,

A handwritten signature in blue ink that reads "Jeffrey J. Bozsik".

Jeffrey J. Bozsik, Licensing Consultant  
Bureau of Community and Health Systems  
(734) 417-4277

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

**I. IDENTIFYING INFORMATION**

<b>License #:</b>	AS810396721
<b>Investigation #:</b>	2023A0575046
<b>Complaint Receipt Date:</b>	09/27/2023
<b>Investigation Initiation Date:</b>	09/27/2023
<b>Report Due Date:</b>	10/27/2023
<b>Licensee Name:</b>	Birchwood Gardens LLC
<b>Licensee Address:</b>	5277 Jackson Rd Ste D Ann Arbor, MI 48103
<b>Licensee Telephone #:</b>	(734) 663-8862
<b>Administrator:</b>	Jeffery Felton, Designee
<b>Licensee Designee:</b>	Jeffery Felton, Designee
<b>Name of Facility:</b>	Birchwood Gardens
<b>Facility Address:</b>	5272 West Liberty Rd Ann Arbor, MI 48103
<b>Facility Telephone #:</b>	(734) 663-8862
<b>Original Issuance Date:</b>	01/15/2019
<b>License Status:</b>	REGULAR
<b>Effective Date:</b>	07/15/2023
<b>Expiration Date:</b>	07/14/2025
<b>Capacity:</b>	6
<b>Program Type:</b>	PH; AGED; TBI; ALZHEIMERS

## II. ALLEGATION(S)

	<b>Violation Established?</b>
Resident meals are not adequate.	No
Resident A's personal care unattended by staff.	No
Additional Findings:	Yes

## III. METHODOLOGY

09/27/2023	Special Investigation Intake-2023A0575046
09/27/2023	Contact - Telephone call made-complainant
09/27/2023	APS Referral
09/28/2023	Inspection Completed On-site- interviews with (a) Residents A, B, and C; (b) nurse administrator, Michelle Kalmbach; (c) licensee designee, Jeffrey Felton; (d) review of Resident A's AFC assessment and care agreement
09/28/2023	Exit Conference with licensee designee
09/29/2023	Corrective Action Plan Requested and Due on 10/28/2023

### **ALLEGATION:**

**Resident meals are not adequate.**

### **INVESTIGATION:**

An APS referral was received.

On 9/27/2023, I interviewed the complainant. She acknowledged she is not Resident A's guardian but is a concerned family member. She stated that she believes there is not enough food for the resident meals and she doesn't like the food.

On 9/28/2023, I interviewed Resident A. She stated she is paralyzed from the chest down due to surgical malpractice that left her paralyzed. She is verbal, not

cognitively impaired, non-ambulatory but can feed herself. She stated that this complaint is from her mother and does not reflect how she feels. She stated her mother is angry because she can't provide the level of care she needs, so she is always looking for something to complain about the staff. As far as the food is concerned, she stated she is a picky eater and if she doesn't necessarily like what's being served, she will just refuse it and order something on her phone. Finally, she stated the staff treat her well.

On 9/28/2023, I interviewed Residents B and C about the meals/food being served. They both stated they liked the food and had no complaints.

<b>APPLICABLE RULE</b>	
<b>R 400.14313</b>	<b>Resident nutrition.</b>
	<b>(1) A licensee shall provide a minimum of 3 regular, nutritious meals daily. Meals shall be of proper form, consistency, and temperature. Not more than 14 hours shall elapse between the evening and morning meal.</b>
<b>ANALYSIS:</b>	By her admission, Resident A is not complaining about having enough food available at meals times. Resident A reported to be a picky eater and will refuse meals and order food from her phone.
<b>CONCLUSION:</b>	<b>VIOLATION NOT ESTABLISHED</b>

**ALLEGATION:**

**Resident A's personal care unattended by staff.**

**INVESTIGATION:**

On 9/28/2023, I reviewed Resident A's AFC Assessment. It states staff will assist with bathing and toileting as requested by Resident A. When I interviewed Resident A, she stated she has a nurse friend who visits every 2-3 days and bathes her. She stated she does not want the staff to assist her with bathing, but they can and do assist her with toileting as needed. She stated the staff treat her very well.

On 9/28/2023, I interviewed Michelle Kalmbach, nurse administrator. She stated that Resident A is at this facility as part of her rehabilitation and the goal is for her to live in her own apartment with 24/7 staff. She stated that Resident A schedules her own transportation to medical appointments and is provided any assistance she requests per her AFC Assessment.

On 9/29/2023, I conducted an exit conference with the licensee designee. He was satisfied with everything except that menus need to be printed and posted.

<b>APPLICABLE RULE</b>	
<b>R 400.14314</b>	<b>Resident hygiene.</b>
	<b>(1) A licensee shall afford a resident the opportunity, and instructions, when necessary, for daily bathing and oral and personal hygiene. A licensee shall ensure that a resident bathes at least weekly and more often if necessary.</b>
<b>ANALYSIS:</b>	Since Resident A is assisted as needed/requested and she prefers an outside caregiver bathe her every 2-3 days, then the licensee affords Resident A the opportunity, and instructions, when necessary, for daily bathing and oral and personal hygiene.
<b>CONCLUSION:</b>	<b>VIOLATION NOT ESTABLISHED</b>

**ADDITIONAL FINDINGS:**

**INVESTIGATION:**

There are no menus in the facility.

On 9/28/2023, I requested the menus to review. The licensee designee stated they quit producing them because there are so many changes/substitutions every week. He also stated that he feels the menus are an old institutional requirement that really doesn't fit for his particular type of assisted living facility residents.

<b>APPLICABLE RULE</b>	
<b>R 400.14313</b>	<b>Resident nutrition.</b>
	<b>(4) Menus of regular diets shall be written at least 1 week in advance and posted. Any change or substitution shall be noted and considered as part of the original menu.</b>
<b>ANALYSIS:</b>	There were no menus, posted nor available for review.
<b>CONCLUSION:</b>	<b>VIOLATION ESTABLISHED</b>

**IV. RECOMMENDATION**

Contingent upon the receipt of an acceptable plan of correction; I recommend no changes in the status of the license.



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Jeffrey J. Bozsik  
Licensing Consultant

Date: 10/5/2023

Approved By:



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Ardra Hunter  
Area Manager

Date: 10/12/2023