



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

MARLON I. BROWN, DPA  
DIRECTOR

May 28, 2024

Surindar Jolly  
Brownstown Forest View Assisted Living  
19341 Allen Rd.  
Brownstown, MI 48183

RE: License #: AH820238949  
Investigation #: 2024A1035015  
Brownstown Forest View Assisted Living

Dear Surindar Jolly:

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.
- How continuing compliance will be maintained once compliance is achieved.
- The signature of the responsible party and a date.

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) 284-9730.

Sincerely,

Jennifer Heim, Licensing Staff  
Bureau of Community and Health Systems  
611 W. Ottawa Street, P.O. Box 30664  
Lansing, MI 48909  
(313) 410-3226

enclosure

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

**I. IDENTIFYING INFORMATION**

<b>License #:</b>	AH820238949
<b>Investigation #:</b>	2024A1035015
<b>Complaint Receipt Date:</b>	12/26/2023
<b>Investigation Initiation Date:</b>	12/28/2023
<b>Report Due Date:</b>	02/25/2024
<b>Licensee Name:</b>	Brownstown Assisted Living Center LLC
<b>Licensee Address:</b>	19335 Allen Road Brownstown, MI 48183
<b>Licensee Telephone #:</b>	(734) 658-4308
<b>Administrator:</b>	Surindar Jolly
<b>Authorized Representative:</b>	Surindar Jolly
<b>Name of Facility:</b>	Brownstown Forest View Assisted Living
<b>Facility Address:</b>	19341 Allen Rd. Brownstown, MI 48183
<b>Facility Telephone #:</b>	(734) 675-2700
<b>Original Issuance Date:</b>	08/14/2002
<b>License Status:</b>	REGULAR
<b>Effective Date:</b>	12/17/2023
<b>Expiration Date:</b>	07/31/2024
<b>Capacity:</b>	76
<b>Program Type:</b>	AGED

**II. ALLEGATION(S)**

	<b>Violation Established?</b>
Inappropriate resident placement.	No
Resident A eloped.	No
Staff are not trained, and residents are missing medications.	Yes
Additional Findings	No

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

**III. METHODOLOGY**

12/26/2023	Special Investigation Intake 2024A1035015
12/28/2023	Special Investigation Initiated - Letter
12/28/2023	Contact - Document Sent
12/29/2023	Contact - Document Received
02/21/2024	Contact - Face to Face onsite investigation

**ALLEGATION:**

Inappropriate resident placement.

**INVESTIGATION:**

On December 27, 2023, the department received a complaint through the BCAL online complaint system which read: "Resident A keeps getting out and staff are not qualified or trained on reporting incidents. Staff is not informing the family or state on anything. Nothing is being charted on any residents."

On December 27, 2023, the department received an additional complaint through the BCAL online complaint system which read: "The facility is taking in residents who require more than assistant living. They are taking in residents that nursing homes don't want, and staff have no education or prior experience. No training on dementia, actively dying they don't turn residents no turn logs, or any kind of logs on residents. Staff hang out and the only thing they are required to do is falsify their charts before they leave nobody gets showers the actively dying don't get fed or any kind of comfort they just lay there on the same filthy sheets because staff doesn't know how to change an occupied bed because they have no training on anything."

On December 27, 2023, the department received an additional complaint through the BCAL online complain system which read: "Residents who are not mentally stable on memory do not get their medication. Look in the sharp's containers. Staff just show up not properly trained, they take in residents who require more than assistant living, and they are always short staffed."

On February 21, 2024, an onsite investigation was conducted. While onsite I interviewed Assistant Director Jackie Elayyan who states residents requiring more assistance than the home can provide receiving additional assistance from hospice or home health care.

While onsite I interviewed Staff Person (SP)1 who states we have one resident that requires a Hoyer and extra work, but she is appropriate for Assisted Living. The facility also has residents on hospice that receive extra care from the hospice team. SP1 continues to state all residents in the home are appropriate for the care being provided.

While onsite I interviewed SP2 who states residents are appropriate for Assisted Living some residents require more assistance and attention.

While onsite I interviewed SP3 who states some residents are on hospice or home care services which address areas of care greater than what the care staff can provide. Currently, all residents in the home are appropriate.

<b>APPLICABLE RULE</b>	
<b>R 325.1922</b>	<b>Admission and retention of residents.</b>
	<b>(9) A home shall not admit a resident who requires continuous nursing care services of the kind normally provided in a nursing home as specified in MCL 333.21711(3) and MCL 333.21715(2).</b>
<b>ANALYSIS:</b>	Through interview, staff state residents residing in home are appropriate for Assisted Living. Three randomly picked resident (Resident B, C, D) charts reviewed, service plans indicate residents in review are appropriate for home for the aged services. Through direct observation residents in common area are engaging with other residents one resident assisting activities with set up.
<b>CONCLUSION:</b>	<b>VIOLATION NOT ESTABLISHED</b>

**ALLEGATION:**

Resident A eloped.

**INVESTIGATION:**

On December 27, 2023, the department received a complaint through the BCAL online complaint system which read: Resident A keeps getting out and staff are not qualified or trained on reporting incidents. Staff is not informing the family or state on anything. Nothing is being charted on any residents.

On February 21, 2024, Assistant Director Jackie Elayyan states she is unaware of Resident A eloping. Resident A has had a significant decline since October 2023 and is unable to walk independently.

One February 21, 2024, SP1, 2, and 3 state Resident A is unable to walk independently. Resident A is currently on hospice services and requires increased assistance.

Through direct observation Resident A resides on the second floor. Resident A observed resting in chair in her room.

<b>APPLICABLE RULE</b>	
<b>R 325.1921</b>	<b>Governing bodies, administrators, and supervisors.</b>
	<p><b>(1) The owner, operator, and governing body of a home shall do all of the following:</b></p> <p><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></p>
<b>ANALYSIS:</b>	Through interview and record review Resident A has had a decline in mobility and function. According to Resident A's service plan she requires 1 person assist to wheelchair. Resident A is receiving hospice services and resides on the second floor.
<b>CONCLUSION:</b>	<b>VIOLATION NOT ESTABLISHED</b>

**ADDITIONAL FINDINGS:**

Staff are not trained, and residents are missing medications.

**INVESTIGATION:**

On December 27, 2023, the department received an additional complaint through the BCAL online complaint system which read: "The facility is taking in residents who require more than assistant living. They are taking in residents that nursing homes don't want, and staff have no education or prior experience. No training on dementia, actively dying they don't turn residents no turn logs, or any kind of logs on residents. Staff hang out and the only thing they are required to do is falsify their charts before they leave nobody gets showers the actively dying don't get fed or any kind of comfort they just lay there on the same filthy sheets because staff doesn't know how to change an occupied bed because they have no training on anything."

On December 27, 2023, the department received an additional complaint through the BCAL online complain system which read: "Residents who are not mentally stable on memory do not get their medication. Look in the sharp's containers. Staff just show up not properly trained, they take in residents who require more than assistant living, and they are always short staffed."

While onsite I interviewed Assistant Director Jackie who states the facility has an orientation training program. Jackie states she is newer to the position and has been attempting to organize employee files with required documentation. Jackie states she is "coming up with an education plan to get everything compliant."

While onsite I interviewed SP1 who states she was trained in orientation, on the computer, skills competency with medication administration check-off. SP1 states she was well prepared to assume care of assigned residents. SP1 was able to articulate and demonstrate medication administration and documentation. Narcotic book reviewed, no errors noted, appropriate count on each narcotic sheet.

While onsite I interviewed SP2 who states she received orientation in the classroom and with a preceptor. SP2 states she was prepared to take care of residents and knew she had support from other team members if help was needed.

SP3 states she was also prepared to take care of residents through orientation and 1:1 training on the floor.

While onsite I reviewed service plans and shower sheets for Resident B, C, D all within accordance with service plan.

Through direct observation resident rooms tidy, resident observed dressed appropriately.

<b>APPLICABLE RULE</b>	
<b>R 325.1931</b>	<b>Employees; general provisions.</b>
	<p><b>(2) A home shall treat a resident with dignity and his or her personal needs, including protection and safety, shall be attended to consistent with the resident's service plan.</b></p> <p><b>(6) The home shall establish and implement a staff training program based on the home's program statement, the residents service plans, and the needs of employees, such as any of the following:</b></p> <ul style="list-style-type: none"> <li><b>(a) Reporting requirements and documentation.</b></li> <li><b>(b) First aid and/or medication, if any.</b></li> <li><b>(c) Personal care.</b></li> <li><b>(d) Resident rights and responsibilities.</b></li> <li><b>(e) Safety and fire prevention.</b></li> <li><b>(f) Containment of infectious disease and standard precautions.</b></li> <li><b>(g) Medication administration, if applicable.</b></li> </ul>

<b>ANALYSIS:</b>	<p>Through interview and document review of SP1, 2 and 3 employee files revealed SP2 and 3 lacked training records therefore this violation has been substantiated.</p> <p>While onsite I reviewed the narcotic book with SP1. SP1 states oncoming and off going medication technicians count off narcotics and sign the narcotic book to keep records. Narcotics and medications are signed off in the MAR.</p>
<b>CONCLUSION:</b>	<b>VIOLATION ESTABLISHED</b>

**IV. RECOMMENDATION**

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



02/28/2024

Jennifer Heim  
Licensing Staff

Date

Approved By:



05/30/2024

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

Date