



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

MARLON I. BROWN, DPA  
DIRECTOR

February 4, 2025

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

RE: License #: AH820238949  
Investigation #: 2025A1035020  
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. Failure to submit an acceptable corrective action plan will result in disciplinary action.

Attached is the Special Investigation Report for the above referenced facility. Due to the severity of the violations, disciplinary action against your license is recommended. You will be notified in writing of the department's action and your options for resolution of this matter.

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>	2025A1035020
<b>Complaint Receipt Date:</b>	12/10/2024
<b>Investigation Initiation Date:</b>	12/12/2024
<b>Report Due Date:</b>	02/10/2025
<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)

	Violation Established?
Resident A is left in room. The facility is understaffed.	No
Resident A is not receiving medications as ordered. Residents are not receiving nighttime medications.	Yes
The facility is dirty. The front door is not secure.	Yes
Additional Findings	No

## III. METHODOLOGY

12/10/2024	Special Investigation Intake 2025A1035020
12/12/2024	Special Investigation Initiated - Letter
01/09/2025	Contact - Face to Face
02/06/2025	Inspection Complete BCAL Sub Compliance
02/06/2025	Exit Conference

### ALLEGATION:

Resident A is left in room. The facility is understaffed.

### INVESTIGATION:

On December 10, 2024, the Department received a complaint through the online complaint system which read:

“Resident A is being left alone in her room all day. The facility is understaffed.”

On November 9, 2025, an onsite investigation was conducted. While onsite I interviewed Staff Person (SP) 1 who states all Residents are encouraged to participate in activities and eat in the dining area. SP1 states Resident A does come out of room periodically and staff continue to encourage Resident A to participate in activities. SP1 states facility is staffed in accordance with census and resident acuity. SP1 states the facility continues to hire staff to reach staffing goals and fill key

vacancies. SP1 states she has been working with Dr. Jolly Authorized Representative (AR) to reach facility goals and provide residents with optimal quality of care.

While onsite I interview Resident A who states “everything is okay. I walk the halls daily and participate in activities when I want to.” Resident A continues to state her “friend” would like to see her participate more in activities and she is getting better at participating.

While onsite, I interviewed SP2 states its everyone’s job to encourage residents to participate in activities and eat in dining room. SP2 states Resident A comes out of her room periodically and participates in activities at times.

While onsite, I interviewed SP3 who states staffing is challenged when staff members call off otherwise staffing is “okay.” SP3 states the team works together to meet the needs of the residents.

On January 13, 2025, a phone interview was conducted with the Complainant. The Complainant states things seem to be getting better although there is no longer an Activity Directory or activities for the residents to participate in. Complainant states she feels Resident A is not encouraged enough to leave her room and participate in meals in the dining area and activities.

<b>APPLICABLE RULE</b>	
<b>R 325.1931</b>	<b>Employees; general provisions.</b>
	<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> <b>(5) The home shall have adequate and sufficient staff on duty at all times who are awake, fully dressed, and capable of providing for resident needs consistent with the resident service plans.</b>

<b>ANALYSIS:</b>	<p>Through interview Resident A is encouraged to go to the dining room for meals and to participate in activities being provided. Resident A states she participates when she “feels like it.”</p> <p>Through a document, staff are scheduled according to staffing goals.</p> <p>Through record review, the facility offers daily activities.</p> <p>Based on the information noted above, this allegation has not been substantiated.</p>
<b>CONCLUSION:</b>	<b>VIOLATION NOT ESTABLISHED</b>

## **ALLEGATION:**

Resident A is not receiving medications as ordered. Residents are not receiving nighttime medications.

## **INVESTIGATION:**

On December 10, 2024, the Department received a complaint through the online complaint system which read:

“Resident A is not receiving her medication for 5 days it is assumed the facility lost the medication. Some nights at the facility no residents are receiving their medication. A nurse at the facility said that Resident A is not the only resident not getting her medication.”

On November 9, 2025, an onsite investigation was conducted. While onsite I interviewed SP1 who states medications are administered in accordance with the medication administration record (MAR). For medication that has been administered, the med tech signs off and their initials appear indicating medication has been administered. If a medication is missed or not given there be a “hole” (no initials) on the MAR.

While onsite, I interview Resident A who states medication were getting “messed up” and not being filled properly. Resident A states she sees an outside doctor, and at times it’s difficult to get in touch with the office to get new orders. Resident A states she keeps a log of all medications being given, for a period Clozapine was not being given as ordered. Currently medications are given appropriately.

While onsite, I interviewed SP3 who states medications are administered per the MAR. When a resident refuses a medication a second attempt is made before signing

off medication “not given.” Medication not administered will have a note indicating why medication wasn’t given.

On January 13, 2025, a phone interview was conducted with the Complainant. The Complainant states: Things seem to be getting better; she has been working with SP1 to get medications ordered and administered as directed by Resident A’s physician. Complainant states a nurse informed her medication was not being administered in the evening. Resident A’s personal log did not have notation of all the medication that should have been administered.

Through record review of Resident A’s December MAR there are multiple holes/missed documentation for Multivitamin and Omeprazole, and one missed documentation for Quetiapine and Clozapine.

Through record review of Resident B December MAR there are multiple medications on various shifts with holes/missed documentation.

Through record review of the December MAR for Resident C there are multiple medications on various shifts with holes/missed documentation.

<b>APPLICABLE RULE</b>	
<b>R 325.1932</b>	<b>Resident medications.</b>
	<b>(1) Medication shall be given, taken, or applied pursuant to labeling instructions or orders by the prescribing licensed health care professional.</b>
<b>ANALYSIS:</b>	<p>Through interview medications are administered according to orders that populate in the MAR. SP1 states when medications are administered the med techs initials are entered to indicate medication has been given. If a medication is missed or not given there be a “hole” on the MAR.</p> <p>Through record review, Resident A, B, and C all have multiple medications on various shifts with holes/missed documentation to confirm medication administration.</p> <p>Based on the information noted above, this allegation has been substantiated.</p>
<b>CONCLUSION:</b>	<b>VIOLATION ESTABLISHED</b>

**ALLEGATION:**

The front door is not secure. The facility is dirty.

**INVESTIGATION:**

On December 10, 2024, the Department received a complaint through the online complaint system which read:

“Front door is easy to kick in and unsafe. The facility is unclean”

On November 9, 2025, an onsite investigation was conducted. While onsite I interviewed SP1 who states she has been working with a local door company to have the front door replaced. SP1 states resident areas are clean by housekeeping daily and rooms are cleaned in accordance with scheduled days.

Through direct observation front entrance door is ill fitting. Front remained secure when pushing on it in an attempt to force open.

Through direct observation Resident A's room is clean and free of clutter. Common areas are clean and free of clutter. One housekeeper was noted as actively cleaning a resident's room.

Through direct observation, heating and cooling vents in hall and common area noted with dust and debris buildup. Paint in the main hall on first floor ceiling cracking and peeling.

<b>APPLICABLE RULE</b>	
<b>R 325.1979</b>	<b>General maintenance and storage.</b>
	<b>(1) The building, equipment, and furniture shall be kept clean and in good repair.</b>

<b>ANALYSIS:</b>	<p>Through direct observation the front entrance door is poorly fitted but secure. The door was pushed and remained closed.</p> <p>SP1 states she has been working with a local door company to have door replaced. SP1 states local door company had replaced the bar handle and adjusted the locking mechanism.</p> <p>Through direct observation heating/ cooling vent noted with significant dust and debris buildup. Paint on ceiling cracked and peeling.</p> <p>Based on information noted above, violation established.</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.



02/06/2025

\_\_\_\_\_  
Jennifer Heim, Health Care Surveyor      Date  
Long-Term-Care State Licensing Section

Approved By:



02/06/2025

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