



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

MARLON I. BROWN, DPA  
DIRECTOR

February 27, 2025

Alexandra Allie  
Linden Square Senior Care  
650 Woodland Drive East  
Saline, MI 48176

RE: License #: AH810334704  
Linden Square Senior Care  
650 Woodland Drive East  
Saline, MI 48176

Dear Licensee:

Attached is the Renewal Licensing Study Report for the facility referenced above. The violations cited in the report require the submission of a written corrective action plan. 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 dates 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 licensee or licensee designee or home for the aged authorized representative and a date.

Upon receipt of an acceptable corrective action plan, a regular license will be issued. If you fail to submit an acceptable corrective action plan, disciplinary action will result. 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 877-458-2757.

Sincerely,

A handwritten signature in cursive script that reads "Jessica Rogers".

Jessica Rogers, Licensing Staff  
Bureau of Community and Health Systems  
611 W. Ottawa Street  
P.O. Box 30664  
Lansing, MI 48909  
(517) 285-7433  
enclosure

**MICHIGAN DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
BUREAU OF COMMUNITY AND HEALTH SYSTEMS  
RENEWAL INSPECTION REPORT**

**I. IDENTIFYING INFORMATION**

**License #:** AH810334704

**Licensee Name:** Linden Square Senior Care, LLC

**Licensee Address:** Suite 304  
7366 N Lincoln Ave  
Lincolnwood, IL 60712

**Licensee Telephone #:** (734) 429-7600

**Administrator/Licensee Designee:** Alexandra Allie

**Name of Facility:** Linden Square Senior Care

**Facility Address:** 650 Woodland Drive East  
Saline, MI 48176

**Facility Telephone #:** (734) 429-7600

**Original Issuance Date:** 06/21/2013

**Capacity:** 187

**Program Type:** ALZHEIMERS  
AGED

## II. METHODS OF INSPECTION

Date of On-site Inspection(s): 02/25/2025

Date of Bureau of Fire Services Inspection if applicable: 02/10/2025

Inspection Type:  Interview and Observation  Worksheet  
 Combination

Date of Exit Conference: 02/27/2025

No. of staff interviewed and/or observed 22

No. of residents interviewed and/or observed 35

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. No resident funds held.
- Meal preparation / service observed? Yes  No  If no, explain.
- Fire drills reviewed? Yes  No  If no, explain.  
Bureau of Fire Services reviews fire drills. Disaster plan 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: CAP dated 1/26/2023 to Licensing Study Report (LSR) dated 1/11/2023: R 325.1921(1)(b), R 325.1923(2), R 325.1953, R 325.1976(6), R 325.1979(1)
- CAP dated 9/19/2023 to SIR 2023A1022002 dated 9/1/2023: R 325.1921(1)(b)
- CAP dated 1/14/2025 to Special Investigation Report (SIR) 2025A1036006 dated 1/2/2025: R 325.1931(2), R 325.1976(5), R 325.1931(1), R 325.1932(5)
- Number of excluded employees followed up? N/A

### III. DESCRIPTION OF FINDINGS & CONCLUSIONS

This facility was found to be in non-compliance with the following rules:

**R 325.1923            Employee's health.**

**(2) A home shall provide initial tuberculosis screening at no cost for its employees. New employees shall be screened within 10 days of hire and before occupational exposure. The screening type and frequency of routine tuberculosis (TB) testing shall be determined by a risk assessment as described in the 2005 MMWR ?Guidelines for Preventing the Transmission of Mycobacterium tuberculosis in Health-Care Settings, 2005? (<http://www.cdc.gov/mmwr/pdf/rr/rr5417.pdf>), Appendices B and C, and any subsequent guidelines as published by the centers for disease control and prevention. Each home, and each location or venue of care, if a home provides care at multiple locations, shall complete a risk assessment annually. Homes that are low risk do not need to conduct annual TB testing for employees.**

A review of employee files showed that the Tuberculosis screening for Employee #1, Employee #2, Employee #3, Employee #4, Employee #8, and Employee #9 was not in compliance with this rule.

**VIOLATION ESTABLISHED.**

**R 325.1932            Resident medications.**

**(2) Prescribed medication managed by the home shall be given, taken, or applied pursuant to labeling instructions, orders and by the prescribing licensed health care professional.**

A review of the residents' medication administration records (MARs) for December 2024 and January 2025 revealed holes or blank spaces where it could not be determined whether the residents received their medications as prescribed. For example, the following residents had missing medication entries on these dates:

- Residents A, E, and F had holes on 1/30/2025 and 1/31/2025.
- Resident B had holes on 1/8/2025, 1/10/2025, 1/12/2025, 1/13/2025, 1/14/2025, 1/30/2025, and 1/31/2025.
- Resident C had holes on 1/6/2025, 1/30/2025, and 1/31/2025.
- Resident D had holes on 12/11/2024, 12/26/2024, 1/30/2025, and 1/31/2025.
- Resident H had holes on 12/28/2024, 1/30/2025, and 1/31/2025.

**VIOLATION ESTABLISHED.**

**R 325.1954                      Meal and food records.**

**The home shall maintain a record of the meal census, to include residents, personnel, and visitors, and a record of the kind and amount of food used for the preceding 3-month period.**

An interview with Employee #11 revealed that the meal census was incomplete and not properly maintained from 2/15/2025 to 2/24/2025.

**VIOLATION ESTABLISHED.**

**IV. RECOMMENDATION**

Contingent upon receipt of an acceptable corrective action plan, renewal of the license is recommended.



02/27/2025

Date

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Licensing Consultant