



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

MARLON I. BROWN, DPA  
DIRECTOR

March 6, 2025

Lisa Cavaliere-Mancini  
Windemere Park Assisted Living I  
31900 Van Dyke Avenue  
Warren, MI 48093

RE: License #: AH500315395  
**Windemere Park Assisted Living I**  
**31900 Van Dyke Avenue**  
**Warren, MI 48093**

Dear Ms. Cavaliere-Mancini:

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 (517) 284-9730.

Sincerely,

Brender Howard, Licensing Staff  
Bureau of Community and Health Systems  
611 W. Ottawa Street, P.O. Box 30664  
Lansing, MI 48909  
(313) 268-1788  
enclosure

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

**I. IDENTIFYING INFORMATION**

<b>License #:</b>	AH500315395
<b>Licensee Name:</b>	Van Dyke Partners LLC
<b>Licensee Address:</b>	Suite 300 30078 Schoenherr Rd. Warren, MI 48088
<b>Licensee Telephone #:</b>	(586) 563-1500
<b>Authorized Representative/Administrator:</b>	Lisa Cavaliere-Mancini
<b>Name of Facility:</b>	Windemere Park Assisted Living I
<b>Facility Address:</b>	31900 Van Dyke Avenue Warren, MI 48093
<b>Facility Telephone #:</b>	(586) 722-2605
<b>Original Issuance Date:</b>	11/15/2012
<b>Capacity:</b>	90
<b>Program Type:</b>	AGED ALZHEIMERS

## II. METHODS OF INSPECTION

Date of On-site Inspection(s): 03/05/2025

Date of Bureau of Fire Services Inspection if applicable: 02/21/2024

Inspection Type:  Interview and Observation  Worksheet  
 Combination

Date of Exit Conference: 03/05/2025

No. of staff interviewed and/or observed 8  
No. of residents interviewed and/or observed 27  
No. of others interviewed 2 Role Resident's family members

- 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.
- Meal preparation / service observed? Yes  No  If no, explain.
- Fire drills reviewed? Yes  No  If no, explain.  
Interviewed employees on the policy and procedures.
- 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:  
05/23/2024 2024A1027063 1933(2), 1935(3); 07/16/2024 2024A0585066  
1921 (1), 1932 (3), 1931 (2), 1952 (1), 1979 (1), 1931 (5), 1931 (6), 1932 (2),  
1962 (2); 05/03/2024 2024A0585050 1931(2)
- Number of excluded employees followed up? 5 N/A

### III. DESCRIPTION OF FINDINGS & CONCLUSIONS

The facility was found to be in noncompliance with the following rules:	
R 325.1932	Resident's medications.
	<p>(3) Staff who supervise the administration of medication for residents who do not self-administer shall comply with all of the following:</p> <p>(b) Complete an individual medication log that contains all of the following information:</p> <p>(i) The name of the prescribed medication.</p> <p>(ii) The prescribed required dosage and the dosage that was administered. Page 12 <i>Courtesy of Michigan Administrative Rules</i></p> <p>(iii) Label instructions for use of the prescribed medication or any intervening order.</p> <p>(iv) The time when the prescribed medication is to be administered and when the medication was administered.</p> <p>(v) The initials of the individual who administered the prescribed medication.</p> <p>(vi) A record if the resident refuses to accept prescribed medication and notification as required in subdivision (c) of this subrule.</p> <p>(vii) A record of the reason for administration of a prescribed medication that is on an as-needed basis.</p>
A review of the medication log showed that the narcotic was not always completed, and the count sheet was not always signed or initialed by the staff.	
R 325.1970	Water supply systems.
	(5) The plumbing system shall be designed and maintained so that the possibility of back flow or back siphonage is eliminated.
The toilet in Room 154 was clogged.	
R 325.1979	General maintenance and storage.
	(1) The building, equipment, and furniture shall be kept clean and in good repair.

Residents' Rooms 154, Room 336, Room 340 and Room 355 were not clean, with clothes spread throughout the floors. The rooms had bad odors.

**IV. RECOMMENDATION**

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

*Brandon D. Howard*

03/06/2025

---

Licensing Consultant

Date