



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
DIRECTOR

March 14, 2025

Sheila Pruzinsky
Rose Senior Living - Clinton Township
44003 Partridge Creek Blv
Clinton Township, MI 48038

RE: License #: AH500337370
Rose Senior Living - Clinton Township
44003 Partridge Creek Blv
Clinton Township, MI 48038

Dear Mrs. Pruzinsky:

Attached is the Licensing Study Report for the above referenced facility. The study has determined substantial compliance with applicable licensing statutes and rules. Your license will be renewed. It will be valid only at your present address and is nontransferable.

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,

A handwritten signature in cursive script that reads "Brender D. Howard".

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

License #:	AH500337370
Licensee Name:	Rose Senior Living - Clinton Township
Licensee Address:	PO Box 2011 38525 Woodward Avenue Bloomfield Hills, MI 48303-2011
Licensee Telephone #:	(651) 766-4371
Authorized Representative/Administrator:	Sheila Pruzinsky
Name of Facility:	Rose Senior Living - Clinton Township
Facility Address:	44003 Partridge Creek Blv Clinton Township, MI 48038
Facility Telephone #:	(586) 840-0840
Original Issuance Date:	10/01/2014
Capacity:	127
Program Type:	AGED ALZHEIMERS

II. METHODS OF INSPECTION

Date of On-site Inspection(s): 03/13/2025

Date of Bureau of Fire Services Inspection if applicable:

Inspection Type: Interview and Observation Worksheet
 Combination

Date of Exit Conference: 03/13/2025

No. of staff interviewed and/or observed 12

No. of residents interviewed and/or observed 61

No. of others interviewed 2 Role Residents' 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. No funds held
- Meal preparation / service observed? Yes No If no, explain.
- Fire drills reviewed? Yes No If no, explain. Interviewed staff on the policy and procedure.
- 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: 11/03/2023 20241022009 20175(1); 02/12/2024 204A0784031 1931(2); 09/17/2024 2024A0585083 1931(2)
- Number of excluded employees followed up? 6 N/A

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

The facility was found to be in substantial compliance with the public health code and administrative rules regulating home for the aged facilities.

IV. RECOMMENDATION

Renewal of the license is recommended.

Brenden D. Howard

03/14/2025

Licensing Consultant Date