GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
DIRECTOR

April 29, 2025

Vera Gjolaj
Sunrise of Grosse Pointe Woods
21260 Mack Avenue
Grosse Pointe Woods, MI 48236

RE: License #: AH820391697
Investigation #: 2025A1019045

Dear Licensee:

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. Failure to submit an acceptable corrective action plan will result in disciplinary action. 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 authorized representative and a date.

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,

Elizabeth Gregory-Weil, Licensing Staff
Bureau of Community and Health Systems
611 W. Ottawa Street
P.O. Box 30664
Lansing, MI 48909
(810) 347-5503

enclosure

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

I. IDENTIFYING INFORMATION

License #:	AH820391697
Investigation #:	2025A1019045
Complaint Receipt Date:	04/02/2025
Investigation Initiation Date:	04/03/2025
Report Due Date:	06/02/2025
Licensee Name:	Welltower OpCo Group LLC
Licensee Address:	4500 Dorr Street Toledo, OH 43615
Licensee Telephone #:	(419) 247-2800
Administrator and Authorized Representative:	Vera Gjolaj
Name of Facility:	Sunrise of Grosse Pointe Woods
Facility Address:	21260 Mack Avenue Grosse Pointe Woods, MI 48236
Facility Telephone #:	(313) 343-0600
Original Issuance Date:	12/23/2019
License Status:	REGULAR
Effective Date:	08/01/2024
Expiration Date:	07/31/2025
Capacity:	78
Program Type:	AGED ALZHEIMERS

II. ALLEGATION(S)

	Violation Established?
The facility is short staffed.	No
The food being prepared and served is not safe for consumption.	No
Additional Findings	Yes

III. METHODOLOGY

04/02/2025	Special Investigation Intake 2025A1019045
04/03/2025	Special Investigation Initiated - Face to Face Onsite inspection
04/03/2025	Inspection Completed On-site
04/03/2025	Inspection Completed-BCAL Full Compliance

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

ALLEGATION: The facility is short staffed.

INVESTIGATION:

On 4/2/25, the department received a complaint alleging that the facility is understaffed and as a result, staff are not properly caring for the residents. The complaint did not provide examples of how care has been affected by staffing levels or provide dates that the facility was understaffed. Due to the anonymous nature of the complaint, additional information could not be obtained.

On 4/3/25, I conducted an onsite inspection. I interviewed executive director [Employee 1] at the facility. A resident roster was provided which listed 39 residents in the general assisted living area and 15 residents in the memory care unit. Employee 1 reported that med passing staff are scheduled on three eight-hour shifts. Employee 1 reported that at the current census and acuity level, there should

be two staff (usually consisting of a lead care manager and a med tech) per shift in the general assisted living and two staff per shift in memory care. Employee 1 reported that there is an additional part time med tech that works in memory care during portions of first and second shift on some days.

During my onsite, I obtained staff schedules and daily assignment sheets for the previous four weeks. Staffing levels observed were overall consistent with the levels described by Employee 1, and at times, there were more staff working than as described above.

Employee 1 reported that call pendants are optional, and several residents utilize them to summon staff when assistance is needed and there are pull cords located in resident bedrooms and bathrooms. Employee 1 reported that staff are expected to respond to pendant/ pull cord alerts as soon as possible but within 12 minutes is desirable. Employee 1 reported that alert notifications go to phone devices that staff carry on their person. Employee 1 reported that staff must manually reset the pendants and clear the notification on the phones to indicate that the resident has been tended to. Employee 1 reported that call pendant response data is reviewed daily.

While onsite, Employee 1 provided emergency response data for the previous four weeks. The following observations were made:

- Resident A pressed her call pendant on 243 occasions with an average response time of 8 minutes and 26 seconds.
- Resident B pressed her call pendant on 178 occasions with an average response time of 7 minutes and 21 seconds.
- Resident C pressed her call pendant on 226 occasions with an average response time of 7 minutes and 26 seconds.
- Resident D pressed his call pendant on 169 occasions with an average response time of 5 minutes and 26 seconds.
- Resident E pressed her call pendant on 116 occasions with an average response time of 4 minutes and 9 seconds.
- Resident F pressed her call pendant on 81 occasions with an average response time of 5 minutes and 45 seconds.
- Resident G pressed her call pendant on 125 occasions with an average response time of 5 minutes and 40 seconds.
- Resident H pressed her call pendant on 174 occasions with an average response time of 6 minutes and 59 seconds.

APPLICABLE RULE	
R 325.1931	**Employees; general provisions.**
	(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.
ANALYSIS:	Staff attestation combined with review of staff schedules, daily assignment sheets and emergency response data reveal that staffing levels are sufficient to meet the needs of the residents.
CONCLUSION:	**VIOLATION NOT ESTABLISHED**

ALLEGATION: The food being prepared and served is not safe for consumption.

INVESTIGATION:

The complaint alleged that the residents are being served food that is expired, undercooked and cold. No examples of this were provided and no dates that this is alleged to have occurred were given. Due to the anonymous nature of the complaint, additional information could not be obtained.

While onsite, I interviewed dining services coordinator [Employee 2]. Employee 2 maintained food temperature logs for all items prepared and served to the residents for the previous year. The temperature logs identified the temperature of the items immediately after being cooked, a second temperature is recorded after the items are placed in the warming trays prior to serving and then a third temperature is recorded after meal service when the left-over items are put away. I observed the documented temperatures of all hot food reviewed to be listed above 140 degrees Fahrenheit (per the Food and Drug Administration, this is the temperature hot food should be maintained at to be considered safe for human consumption).

Additionally, while onsite, I went into the walk-in refrigerator and freezer. No expired or outdated items were observed.

APPLICABLE RULE	
R 325.1976	**Kitchen and dietary.**
	(6) Food and drink used in the home shall be clean and wholesome and shall be manufactured, handled, stored,

	prepared, transported, and served so as to be safe for human consumption.
ANALYSIS:	Facility staff demonstrated a protocol for taking and recording food temperatures for items served to residents, which were observed at safe levels. No expired items were observed during the onsite inspection.
CONCLUSION:	**VIOLATION NOT ESTABLISHED**

ADDITIONAL FINDING:

INVESTIGATION:

At the time of my onsite inspection, Employee 3 was listed as the licensee authorized representative and facility administrator. Employee 1 reported that he has been at the facility since April 2023 and should have been appointed to those designations at that time. Licensing staff requested proof of notification to the department and supporting documentation of his appointment from April 2023, however he was not able to provide it. On 4/9/25, the licensee submitted documentation appointing Employee 1 to the administrator and authorized representative positions. On 4/16/25, the licensee reported that Employee 1 was no longer the administrator or authorized representative effective immediately and would be replaced by Employee 4. Documentation of Employee 4's appointment via submission of the BCAL 1603 and 1606 forms were provided to licensing staff on 4/28/25.

APPLICABLE RULE	
R 325.1913	**Licenses and permits; general provisions.**
	(2) The applicant or the authorized representative shall give written notice to the department within 5 business days of any changes in information as submitted in the application pursuant to which a license, provisional license, or temporary nonrenewable permit has been issued.
ANALYSIS:	Timely notification was not provided to the department when a change in administrator and authorized representative occurred.
CONCLUSION:	**VIOLATION ESTABLISHED**

IV. RECOMMENDATION

I recommend no changes to the status of the license at this time.

04/29/2025

Elizabeth Gregory-Weil Date
Licensing Staff

Approved By:

04/29/2025

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