



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

MARLON I. BROWN, DPA  
DIRECTOR

June 6, 2025

Jennifer Hescott  
Provision Living at Livonia  
33579 8 Mile Road  
Livonia, MI 48152

RE: License #: AH820405630  
Investigation #: 2025A0784048  
Provision Living at Livonia

Dear Jennifer Hescott:

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.

Please review the enclosed documentation for accuracy and contact me with any questions. If I am not available, and you need to speak to someone immediately, please contact the local office at (517) 335-5985.

Sincerely,

A handwritten signature in cursive script, reading "Aaron L. Clum".

Aaron Clum, Licensing Staff  
Bureau of Community and Health Systems  
611 W. Ottawa Street  
P.O. Box 30664  
Lansing, MI 48909  
(517) 230-2778

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

**I. IDENTIFYING INFORMATION**

<b>License #:</b>	AH820405630
<b>Investigation #:</b>	2025A0784048
<b>Complaint Receipt Date:</b>	04/22/2025
<b>Investigation Initiation Date:</b>	04/25/2025
<b>Report Due Date:</b>	06/21/2025
<b>Licensee Name:</b>	AEG Livonia Opco, LLC
<b>Licensee Address:</b>	1610 Des Peres Road Ste 385 St. Louis, MO 63131
<b>Licensee Telephone #:</b>	(314) 272-4980
<b>Administrator:</b>	Mary Ostrowski
<b>Authorized Representative:</b>	Jennifer Hescott
<b>Name of Facility:</b>	Provision Living at Livonia
<b>Facility Address:</b>	33579 8 Mile Road Livonia, MI 48152
<b>Facility Telephone #:</b>	(248) 665-8688
<b>Original Issuance Date:</b>	03/09/2022
<b>License Status:</b>	REGULAR
<b>Effective Date:</b>	09/09/2024
<b>Expiration Date:</b>	07/31/2025
<b>Capacity:</b>	58
<b>Program Type:</b>	ALZHEIMERS AGED

## II. ALLEGATION(S)

	Violation Established?
Inadequate supervision and protection for Resident A.	Yes
Additional Findings	No

## III. METHODOLOGY

04/22/2025	Special Investigation Intake 2025A0784048
04/25/2025	Special Investigation Initiated - On Site
04/25/2025	Inspection Completed On-site
06/05/2025	Exit - Email Report Sent

### ALLEGATION:

**Inadequate supervision and protection for Resident A**

### INVESTIGATION:

On 4/22/2025, the department received this complaint from adult protective services (APS) centralized intake. Information provided in the complaint indicated APS denied the allegations for investigation.

According to the complaint, Resident A was a person with dementia who was a high fall risk. Resident A had a fall on 3/09/2025 which resulted in a hip injury. Resident A had at least three falls prior to this starting in January 2025. On 3/14/2025, Resident A passed away due to complications from her injuries.

On 4/25/2025, I interviewed administrator Mary Ostrowski by speaker phone from the facility. Administrator stated Resident A did have a fall on 3/09/2025. Administrator stated it was not immediately apparent that she had any injuries. Administrator stated Resident A did ultimately get medically evaluated and it was discovered that she had a hip fracture. Administrator stated it was unknown if the fracture was new. Administrator stated Resident A did have falls previously, within the past several weeks and that it may have been a previous injury that was reaggravated. Administrator stated Resident A was a person with significant dementia and "had zero safety awareness quite honestly". Administrator stated Resident A "would fall standing next to you". Administrator stated Resident A use to

be able to ambulate with a walker and can no longer do so, now needing a wheelchair. Administrator stated most of the time Resident A would fall on her buttock. Administrator stated Resident A would safely sleep through the night but that during the day, she would constantly attempt to get up out of her chair. Administrator stated Resident A was kept in the common area during the day so staff could keep watch over her. Administrator stated Resident A had previously been able to ambulate on her own with a walker, but that her health has severely declined over the past few months.

I reviewed a facility *INCIDENT/ACCIDENT REPORT* for Resident A, provided by administrator, dated 3/09/2025. Under a section titled *Explain What Happened/Describe Injury*, the report read “Resident was observed sitting in her wheelchair then stood up and began to walk away from the wheelchair and fell”. Under a section titled *Action Taken by Staff/Treatment Given*, the plan read “Resident assisted back into the wheelchair. Vitals taken by staff”. Under a section titled *Corrective Measures Taken to Remedy and/or Prevent Recurrence*, the plan read “Resident care plan continues to provide assistance for all transfers. Hospice contacted”.

I reviewed Resident A’s *Individualized Service Plan*, provided by administrator. The evaluation date listed for this plan was 11/19/2024. Under a section titled *Wandering Behavior*, the plan read “[Resident A] is in our Memory Community and can wander at will. Under a section titled *Transfer Assistance*, the plan read “[Resident A] is independent with transferring, but at times will need help from staff”. Under a section titled *Mobility*, the plan read “[Resident A] ambulates independently but should use a walker but frequently forgets”.

I reviewed hospice *Skilled Nursing Visit Notes* for Resident A, provided by administrator, dated between 1/01/2025 and 3/14/2025. The notes consistently described Resident A as a person who is a high fall risk with poor safety awareness who was on “fall safety precautions” and required a staff to assist her to her wheelchair for ambulation.

<b>APPLICABLE RULE</b>	
<b>R 325.1921</b>	<b>Governing bodies, administrators, and supervisors.</b>
	<b>(1) The owner, operator, and governing body of a home shall do all of the following:</b> <b>(b) Assure that the home maintains an organized program to provide room and board, protection, supervision, assistance, and supervised personal care for its residents.</b>
<b>R 325.1922</b>	<b>Admission and retention of residents.</b>

	<b>(5) A home shall update each resident's service plan at least annually or if there is a significant change in the resident's care needs. Changes shall be communicated to the resident and his or her authorized representative, if any.</b>
<b>ANALYSIS:</b>	The complaint alleged Resident A did not have adequate protection and supervision resulting in multiple falls with a fall resulting in injury on 3/09/2025. When interviewed, administrator reported Resident A was a person with significant dementia and zero safety awareness who would "fall standing next to you". Review of hospice nursing notes for Resident A supported Resident A's fall risk and poor safety awareness. Review of Resident A's service plan revealed the plan was not adequately updated to reflect Resident A's fall risk and poor safety awareness as described by administrator and within the hospice nursing notes. Additionally, while Resident A health and care needs changed over the several weeks leading up to her passing, review of the service plan revealed no changes were made to the plan since November of 2024. Based on the findings, the facility is not in compliance with these rules.
<b>CONCLUSION:</b>	<b>VIOLATION ESTABLISHED</b>

#### IV. RECOMMENDATION

Upon receipt of an acceptable corrective action plan, it is recommended that the status of the license remain unchanged.



6/03/2025

Aaron Clum  
Licensing Staff

Date

Approved By:



06/04/2025

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

Date