



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
DIRECTOR

June 30, 2025

Jennifer Garcia
Allegria Village
15101 Ford Road
Dearborn, MI 48126

RE: License #: AH820409060
Investigation #: 2025A1019056

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) 335-5985.

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 #:	AH820409060
Investigation #:	2025A1019056
Complaint Receipt Date:	05/15/2025
Investigation Initiation Date:	05/20/2025
Report Due Date:	07/14/2025
Licensee Name:	HFV Opco, LLC
Licensee Address:	395 Pearsall Avenue, Suite K Cedarhurst, NY 11516
Licensee Telephone #:	(516) 371-9500
Administrator and Authorized Representative:	Jennifer Garcia
Name of Facility:	Allegria Village
Facility Address:	15101 Ford Road Dearborn, MI 48126
Facility Telephone #:	(313) 584-1000
Original Issuance Date:	09/30/2021
License Status:	REGULAR
Effective Date:	08/01/2024
Expiration Date:	07/31/2025
Capacity:	132
Program Type:	AGED ALZHEIMERS

II. ALLEGATION(S)

	Violation Established?
The facility is understaffed.	No
Additional Findings	Yes

III. METHODOLOGY

05/15/2025	Special Investigation Intake 2025A1019056
05/20/2025	Special Investigation Initiated - Letter Emailed licensee for additional information.
05/27/2025	Inspection Completed On-site
05/27/2025	Inspection Completed BCAL Sub. Compliance

ALLEGATION: The facility is understaffed.

INVESTIGATION:

On 5/15/25, the department received a complaint alleging that the facility is short staffed. The complaint alleged that all three shifts are short staffed and there are times when the midnight shift only has two staff working. The complaint did not provide dates or a timeframe that the facility was allegedly running short staffed. Due to the anonymous nature of the complaint, additional information could not be obtained.

On 5/27/25, I conducted an onsite inspection. I interviewed administrator and authorized representative (AR) Jennifer Garcia along with director of nursing [Employee 1]. A resident roster was provided which listed 70 residents (48 residents in the general assisted living area and 22 residents in the memory care unit). Employee 1 reported that care givers and med passing staff are scheduled on eight-hour shifts. The AR and Employee 1 reported that at the current census and acuity level, in assisted living there should be four caregivers and one med tech during first and second shift and two care givers and one med tech during third shift. In memory care, the AR and Employee 1 reported that there should be two caregivers and one med tech during all three shifts. For the entire building, there should be six caregivers and two med techs during first and second shift and four caregivers and two med techs during third shift. The AR and Employee 1 reported that med passers

are expected to also provide care in addition to completing their medication administration duties.

While onsite, I obtained staff schedules and daily assignment sheet documentation for the previous four weeks. Staffing levels observed were generally consistent with the levels described by the AR and Employee 1. The AR and Employee 1 reported the facility is actively hiring and has new staff currently in the onboarding phase but also reported that corporate is looking to reduce their staffing levels by one care staff during first and second shift.

The AR reported that assisted living residents have call pendants kept on their person and have a pull cord at bedside and in each bathroom to summon staff when assistance is needed. The AR reported that desired response times are under nine minutes. The AR reported that pendant and pull cord alerts go to a monitor at the nurse's station and staff are required to clear the notifications by resetting the cords or pendants manually to indicate that the resident has been tended to.

During follow up correspondence, call pendant and pull cord response data was obtained for the community for the previous four-week period. I observed that large majority of pendant/pull cord alerts were responded to within just over two minutes.

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 attestations 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 at the levels described by the AR and Employee 1.
CONCLUSION:	VIOLATION NOT ESTABLISHED

ADDITIONAL FINDING:

INVESTIGATION:

During review of the daily assignment sheets and staff schedules, there were numerous inconsistencies between the two documents. The following dates/shift outlines those inconsistencies: 5/2/25 (third shift), 5/3/25 (third shift), 5/4/25 (second

and third shift), 5/5/25 (third shift), 5/10/25 (third shift), 5/11/25 (second and third shift), 5/16/25 (first and third shift), 5/17/25 (second and third shift), 5/18/25 (third shift), 5/20/25 (third shift) and 5/23/25 (first and third shifts). The AR confirmed that the schedule was not updated when changes to the planned schedule occurred and did not correctly reflect who was working in the abovementioned instances.

APPLICABLE RULE	
R 325.1944	Employee records and work schedules.
	(2) The home shall prepare a work schedule showing the number and type of personnel scheduled to be on duty on a daily basis. The home shall make changes to the planned work schedule to show the staff who actually worked.
ANALYSIS:	Schedules provided by the facility were not updated to reflect staffing changes on numerous days/shifts for the timeframe reviewed.
CONCLUSION:	VIOLATION ESTABLISHED

IV. RECOMMENDATION

Contingent upon receipt of an acceptable corrective action plan, I recommend no changes to the status of the license.



06/09/2025

Elizabeth Gregory-Weil
Licensing Staff

Date

Approved By:



06/30/2025

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

Date