



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

MARLON I. BROWN, DPA  
DIRECTOR

July 29, 2025

Jenice Choate  
OakBrook Senior Living LLC  
16013 Middlebelt Rd  
Livonia, MI 48154

RE: License #: AM470418122  
Investigation #: 2025A0577045  
OakBrook Senior Living

Dear Ms. Choate:

Attached is the Special Investigation Report for the above referenced facility. Due to the violations identified in the report, a written corrective action plan was required. On July 16, 2025, you submitted an acceptable written corrective action plan and CAP compliance verifications.

It is expected that the corrective action plan be implemented within the specified time frames as outlined in the approved plan.

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,

*Bridget Vermeesch*

Bridget Vermeesch, Licensing Consultant  
Bureau of Community and Health Systems  
611 W. Ottawa Street  
P.O. Box 30664  
Lansing, MI 48909

enclosure

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

**I. IDENTIFYING INFORMATION**

<b>License #:</b>	AM470418122
<b>Investigation #:</b>	2025A0577045
<b>Complaint Receipt Date:</b>	06/27/2025
<b>Investigation Initiation Date:</b>	06/27/2025
<b>Report Due Date:</b>	08/26/2025
<b>Licensee Name:</b>	OakBrook Senior Living LLC
<b>Licensee Address:</b>	16013 Middlebelt Rd Livonia, MI 48154
<b>Licensee Telephone #:</b>	(716) 704-9185
<b>Licensee Designee:</b>	Jenice Choate
<b>Administrator:</b>	Jenice Choate
<b>Name of Facility:</b>	OakBrook Senior Living
<b>Facility Address:</b>	10638 Rushton Road South Lyon, MI 48178
<b>Facility Telephone #:</b>	(716) 704-9185
<b>Original Issuance Date:</b>	05/09/2024
<b>License Status:</b>	REGULAR
<b>Effective Date:</b>	11/09/2024
<b>Expiration Date:</b>	11/08/2026
<b>Capacity:</b>	12
<b>Program Type:</b>	ALZHEIMERS AGED

## II. ALLEGATION(S)

	Violation Established?
The licensee is admitting residents who are physically handicapped and cannot accommodate their needs.	No
Residents' narcotic count is off due to medications missing from the facility.	Yes
Residents are not being bathed at least weekly.	No

## III. METHODOLOGY

06/27/2025	Special Investigation Intake 2025A0577045
06/27/2025	Special Investigation Initiated – Letter- Email to Complainant.
06/30/2025	Inspection Completed On-site
07/02/2025	Contact - Document Received- Supporting Documents via email from Jenice Choate, DOO.
07/11/2025	Contact - Telephone call made- Interviews with Relatives.
07/11/2025	Contact - Telephone call made- Interview with Amie Pagano, RN- Compliance.
07/18/2025	Contact - Telephone call made to Karen Zalewski, DCS.
07/21/2025	Contact - Telephone call made- Interview with Relatives.
07/24/2025	Exit Conference with licensee designee Jenice Choate.

**ALLEGATION: The licensee is admitting residents who are physically handicapped and cannot accommodate their needs.**

**INVESTIGATION:**

On June 27, 2025, a complaint was received with allegations that the licensee was admitting and providing care to residents who require mobility assistance from a wheelchair or walker and the facility is not licensed for residents who require the regular use of wheelchairs or walkers.

On June 27, 2025, I reviewed the *Original Licensing Study Report*, written on May 09, 2024, which documented “the facility has two approved means of egress equipped with wheelchair accessible ramps. The south end hallways and door widths can accommodate individuals who use wheelchairs to assist with mobility.”

On June 30, 2025, I completed an unannounced onsite investigation and reviewed the *Resident Register* and each resident’s *Assessment Plan for AFC Residents* which documented there are currently 10 residents admitted to the facility and 9 of the 10 residents require the use of a walker or wheelchair for assistance with mobility. I also observed the facility license which documented the facility is currently licensed for programs of Aged and Alzheimer. During the onsite investigation I completed a physical plant inspection and observed two approved means of egress that are equipped with a wheelchair ramp. I observed the facility having two large full bathrooms with barrier free showers to accommodate residents who require assistance from wheelchairs or walkers. The facility hallways and entrances into bedrooms are wide to accommodate for the use of wheelchairs and walkers.

<b>APPLICABLE RULE</b>	
<b>R 400.14301</b>	<b>Resident admission criteria; resident assessment plan; emergency admission; resident care agreement; physician's instructions; health care appraisal.</b>
	<b>(2) A licensee shall not accept or retain a resident for care unless and until the licensee has completed a written assessment of the resident and determined that the resident is suitable pursuant to all of the following provisions: (b) The kinds of services, skills, and physical accommodations that are required of the home to meet the resident's needs are available in the home.</b>

<b>ANALYSIS:</b>	Based on the information documented in the <i>Original Licensing Study Report</i> and gathered during the onsite inspection completed on June 30, 2025, it has been found the facility is wheelchair accessible, has two barrier free showers, and can serve residents who require assistance with mobility by the use of a wheelchair. The facility is currently licensed to serve the programs of Aged and Alzheimer and is not required to be licensed for program of physically handicapped. It has been found the facility has kinds of services and physical accommodations to meet the needs of the residents who require the use of a wheelchair or walker.
<b>CONCLUSION:</b>	<b>VIOLATION NOT ESTABLISHED</b>

**ALLEGATION: Resident narcotic counts are off due to medications missing from the facility.**

**INVESTIGATION:**

On June 27, 2025, the complaint received reported a large quantity of hospice pain medications have been stolen on multiple occasions from the facility.

During the onsite investigation on June 30, 2025, I observed that the medication cart and refrigerator were locked with a camera in the medication area. I interviewed direct care staff (DCS) Angel Boggs, who has the role of home manager (HM), who reported there was an incident when DCS Angela Gawlowski did not complete the narcotic count on her shift and the count was inaccurate by the next shift. DCS Boggs reported she was not working when the incident occurred but stated the incident was reported to upper management. DCS Boggs stated DCS Gawlowski was removed from medication passing immediately, disciplinary action was taken and DCS Gawlowski employment was later terminated due to DCS Gawlowski not following the disciplinary procedures. DCS Boggs reported the facility currently has five residents receiving care from various hospice agencies. I reviewed Resident B, Resident C, Resident E, Resident H, and Resident I's medications, all who received care from hospice, and found no discrepancies in the narcotic counts and no medications were missing.

On June 30, 2025, I interviewed Jenice Choate, Administrator, who reported there was an incident on June 16, 2025, where Resident B and Resident C's narcotic count did not reconcile and two bottles of liquid morphine were found missing. Ms. Choate reported direct care staff, Angela Gawloski, was responsible for administering medications June 13, 2025, through June 15, 2025. Ms. Choate reported it was after these shifts that the medications were discovered missing and DCS Gawloski was removed from passing medications, written up, and later employment was terminated on June 20, 2025, for DCS Gawloski not following her reprimand plan of correction. Ms. Choate reported on June 20, 2025, she completed a corrective action plan by holding a staff meeting and

training direct care staff about Oakbrook Senior Living Narcotic Count, Medication Delivery, and Reconciliation Policies. Ms. Choate stated all direct care staff members and the management team signed off on the policies which was provided to me. Ms. Choate reported that she also created and dispersed to the management team and direct care staff a narcotic diversion policy on June 20, 2025, which is a zero-tolerance policy for the diversion of narcotic and other controlled substances. This policy outlines prevention strategies, procedures for reporting, and the appropriate response in compliance with the State of Michigan Adult Foster Care Licensing Rules and federal regulations. I was also provided a copy of this policy.

On July 11, 2025, I interviewed Amy Paigno, Registered Nurse (RN) who reported she is currently off from work and does not have the specific information available to her pertaining to this incident but can give general information. RN Paigno reported that she received a call from DCS Karen Zalewski who reported upon completing the narcotic count, DCS Zalewski found the count was off and medications were missing. RN Paigno reported she immediately went to the facility and completed a medication cart audit and found that two bottles of morphine in hospice care boxes were missing and three tablets of Oxycodone, and 60 tablets of Hydrocodone, involving direct care staff, Angela Gawloski.

On July 18, 2025, I interviewed DCS Karen Zalewski who reported DCS Angela Gawloski had only been passing medications for about three weeks prior to employment being terminated. Ms. Zalewski stated during this time, the medication cart keys were missing during one of Ms. Gawloski June 2025 shifts, and during another shift, it was discovered medications were missing. Ms. Zalewski reported RN Amy Paigno came to the facility and completed a medication cart audit and found the following medications missing; two bottle of liquid morphine, three tablets of Oxycodone, and 60 tablets of Hydrocodone. Ms. Zalewski reported she cannot remember the specific names of the residents who were missing medications.

<b>APPLICABLE RULE</b>	
<b>R 400.14312</b>	<b>Resident medications.</b>
	<b>(6) A licensee shall take reasonable precautions to insure that prescription medication is not used by a person other than the resident for whom the medication was prescribed.</b>
<b>ANALYSIS:</b>	On June 16, 2025, two bottles of liquid morphine, three tablets of Oxycodone, and 60 tablets of Hydrocodone were missing with no explanation of what happened to the medications. Consequently, reasonable precautions were not taken by the licensee to ensure that prescription medications were not used by a person other than the resident for whom the medication was prescribed.
<b>CONCLUSION:</b>	<b>VIOLATION ESTABLISHED</b>

**ALLEGATION: Residents are not being bathed at least weekly.**

**INVESTIGATION:**

On June 27, 2025, the complaint alleged there are many complaints from families that residents not getting bathed at least weekly.

On June 30, 2025, during the onsite investigation I interviewed DCS Angel Boggs who reported residents are offered to be bathed at least two times a week, but there are some residents who often refuse. Ms. Boggs reported all residents are washed, with a sponge bath every morning, prior to getting dressed for the day. Ms. Boggs reported Resident B, Resident C, Resident E, Resident H, and Resident I all receive care from hospice which includes a weekly bath from a hospice bath aide. Ms. Boggs stated direct care staff also bathe residents receiving hospice as needed outside of these regularly scheduled baths. Ms. Boggs reported she is not aware of any resident going without being bathed every week and no family or agency has brought these concerns to her attention.

During the onsite investigation I observed the ten residents and found each resident to be clean, not smelling of body odor or urine, or having any resemblance of not being bathed. I interviewed Resident F, Resident H, and Resident J who all reported they are bathed at least one time a week and are scheduled to be bathed two times a week or as often as needed. Resident F, Resident H, and Resident J reported if they want a bath more often they just ask a direct care staff, and they are providing a bath.

On June 30, 2025, I interviewed administrator Jenice Choate, who reported she recently has been appointed as the Licensee Designee and Administrator for the facility. Ms. Choate stated that prior to her appointment to these roles, direct care staff did not document residents' bathes/showers so direct care staff were not able to provide specifics dates when a resident had last been bathed which Ms. Choate found concerning. Ms. Choate reported a shower schedule has been implemented for each resident and the shift log is completed at the end of each shift documented which resident was given a bath or shower, which resident refused, or if a specific resident was not able to be showered during the shift. Ms. Choate reported the shift logs are reviewed by the house manager and senior management on a regular basis to ensure showers are being given, who and when residents refuse a shower, and any change in care or concerns for residents. Ms. Choate reported Sundays are left as open shower days for any residents who would like an extra shower or did not receive two showers during the other days of the week.

On July 02, 2025, Ms. Choate provided a copy of the shift logs and bath schedule which documented that residents were scheduled for showers two times a week. Ms. Choate reported the shift logs allow for better documentation between shifts and an opportunity for better supervisory oversight.

On July 18, 2025, during my interview with DCS Karen Zalewski, she denied that residents are not offered or provided showers weekly. Ms. Zalewski reported many residents initially refuse to be showered but then are asked again later and most agree to a shower. Ms. Zalewski reported that all residents are showered at least twice weekly, and all residents who are incontinent are washed after every brief change.

On July 21, 2025, I interviewed Relative A1 who reported Resident A had been bathed at least two times a week prior to Resident A being admitted into hospice care. Relative A1 reported hospice only provides a bathe aide one time a week so Resident A is being bathed by hospice staff. Relative A1 reported Resident A is being bathed additionally by direct care staff as needed. Relative A1 reported they feel Resident A should be bathed more than one time a week on average but has not made this request to the facility or hospice but will do so.

On July 21, 2025, I interviewed Relative E1 who reported they currently do not have any concerns regarding Resident E being bathed and believe that Resident E is bathed at least twice a week. Relative E1 reported there were concerns previously about Resident E not being bathed twice weekly, but there have been some management changes which have brought better care to the residents.

On July 21, 2025, I interviewed Relative H1 who reported there is a bath schedule for each resident to be bathed at least twice a week. Relative H1 reported Resident H is on hospice and gets bathed once a week by a hospice bathe aide and then once a week by a direct care staff.

On July 21, 2025, I left messages with Relative A1, and Relative D1 with no return call.

<b>APPLICABLE RULE</b>	
<b>R 400.14314</b>	<b>Resident hygiene.</b>
	<b>(6) A licensee shall afford a resident the opportunity to receive assistance in bathing, dressing, or personal hygiene from a member of the same sex, unless otherwise stated in the home's admission policy or written resident care agreement.</b>



<b>ANALYSIS:</b>	Based on the information gathered during the investigation, it has been found a bath schedule has been implemented for residents to be offered baths/showers twice a week and offers, refusals and completed baths/showers are documented. Residents interviewed reported being showered/bathed at least once per week and five residents receive a bath by a hospice bath aide one time a week. There was no evidence found to support the allegations of residents not being afforded the opportunity to receive a bath at least weekly.
<b>CONCLUSION:</b>	<b>VIOLATION NOT ESTABLISHED</b>

#### IV. RECOMMENDATION

It is recommended that the current status of the license remains unchanged.

*Bridget Vermeesch*

07/24/2025

\_\_\_\_\_  
Bridget Vermeesch  
Licensing Consultant

\_\_\_\_\_  
Date

Approved By:

*Dawn Timm*

07/29/2025

\_\_\_\_\_  
Dawn N. Timm  
Area Manager

\_\_\_\_\_  
Date