



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
DIRECTOR

October 30, 2025

Lawrence Ragnone
Serene Gardens of Rochester Hills AL
910 S. Boulevard
Rochester Hills, MI 48307

RE: License #: AH630385331
Investigation #: 2025A1035083
Serene Gardens of Rochester Hills AL

Dear Lawrence Ragnone:

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. 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,

A handwritten signature in blue ink, appearing to read "Jennifer Heim".

Jennifer Heim, Licensing Staff
Bureau of Community and Health Systems
611 W. Ottawa Street
Lansing, MI 48909
(313) 410-3226
enclosure

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

I. IDENTIFYING INFORMATION

License #:	AH630385331
Investigation #:	2025A1035083
Complaint Receipt Date:	08/14/2025
Investigation Initiation Date:	08/14/2025
Report Due Date:	10/14/2025
Licensee Name:	Serene Gardens of Rochester Hills LLC
LicenseeAddress:	Ste. 104 9463 Holly Road Grand Blanc, MI 48439
Licensee Telephone #:	(810) 241-4084
Administrator:	Maria Harman
Authorized Representative:	Lawrence Ragnone
Name of Facility:	Serene Gardens of Rochester Hills AL
Facility Address:	910 S. Boulevard Rochester Hills, MI 48307
Facility Telephone #:	(248) 270-4040
Original Issuance Date:	06/26/2018
License Status:	REGULAR
Effective Date:	08/01/2025
Expiration Date:	07/31/2026
Capacity:	38
Program Type:	AGED

II. ALLEGATION(S)

	Violation Established?
Resident A was not receiving care in accordance with her service plan.	Yes
Resident A was not receiving medications as ordered.	Yes
Resident A missed meals.	Yes
Additional Findings	No

III. METHODOLOGY

08/14/2025	Special Investigation Intake 2025A1035083
08/14/2025	Special Investigation Initiated - Telephone
09/30/2025	Contact - Face to Face
10/30/2025	Inspection Complete. BCAL Sub Compliance.
10/30/2025	Exit Conference.

ALLEGATION:

Resident A was not receiving care in accordance with her service plan.

INVESTIGATION:

On August 14, 2025, the Department received a complaint through the online complaint system which read:

“The call button was pressed, and no one responded on several occasions Missed meds for dry mouth and eye drops Missed meals, and when meals were served, the food was cold Same dirty clothes for three days and no shower Her room was a mess from the staff just throwing stuff on the floor Not doing her laundry Staff had attitudes that made my mom feel very unsafe When my mom came to this facility, she had some money on her that was left over from rehab, and someone stole it Rough handling when being showered.”

On August 14, 2025, a phone interview was conducted with the complainant. The complainant stated Resident A came to the facility from rehabilitation. Complainant

states Resident A had money stolen while at the facility, endured long wait times and found clothes on floor “waded” up. The complainant states she had requested a meeting with the executive director (ED), hospice team, and COO. The complainant does not feel there was resolution to concerns after meeting.

On September 30, 2025, an onsite investigation was conducted. While onsite I interviewed Maria Harmaon Administrator who states Resident A was admitted to the facility on a 30–60-day respite stay. The Administrator states she had made several attempts to meet the needs of Family A and Resident A without success. The facility made arrangements with Family A, facility Authorized Representative (AR), and assigned Hospice team to work collaboratively to meet the needs of Resident A. The Administrator and AR stated they felt concerns had been resolved.

While onsite, a phone interview was conducted with Lawrence Ragnone AR who states at no point was missing money brought to the attention of the team, therefore, it was never investigated. The AR states there was no specific complaint discussed related to care. Family A had concerns related to staff having attitudes. Resident A received additional services with hospice inclusive of showers.

Through record review there are several missed documentations related to bed checks and changes, dressing reminders such as assist with dressing, cueing/ reminding on changing clothes, and oral care.

APPLICABLE RULE	
R 325.1931	Employees; general provisions.
	(1) Personal care and services that are provided to a resident by the home shall be designed to encourage residents to function physically and intellectually with independence at the highest practical level.
ANALYSIS:	Through record review there are several scheduled activities of daily living task not documented indicating task had not been completed.
CONCLUSION:	VIOLATION ESTABLISHED

ALLEGATION:

Resident A was not receiving medications as ordered

INVESTIGATION:

On August 14, 2025, the Department received a complaint through the online complaint system which read:

Resident A had missed meds for dry mouth and eye drops.

On September 30, 2025, an onsite investigation was conducted. While onsite I interviewed Maria Harmaon Administrator who states medications are administered as ordered.

Through record review medication for “dry mouth” and eye drops had not been listed on initial Health Care Appraisal nor order summary report from the rehabilitation center Resident A transferred from.

Through record review of April medication administration record (MAR) Xarelto was not administered for three days related “waiting on pharmacy or family to provide medication.” Timolol Maleate 0.5% oral solution not charted as administered May 12th through the 14th with 8 additional doses charted as not administered. In the month of May 5 doses of Xarelto, were charted as not administered.

APPLICABLE RULE	
R 325.1932	Resident medications.
	(1) Medication shall be given, taken, or applied pursuant to labeling instructions or orders by the prescribing licensed health care professional.
ANALYSIS:	Through record review Resident A did not receive medication as ordered.
CONCLUSION:	VIOLATION ESTABLISHED

ALLEGATION:

Resident A missed meals.

INVESTIGATION:

On August 14, 2025, the Department received a complaint through the online complaint system which read:

“Missed meals, and when meals were served, the food was cold.”

While onsite the Administrator provided meal census log which indicated Resident A received all meal throughout her stay.

Through record review of Resident A service plan, Resident A needs assistance with meals and cutting up meat.

Through record review 14 meals out of 49 meals had not been documented on, one meal signed off as not provided related to “resident refusal.”

APPLICABLE RULE	
R 325.1952	Meals and special diets.
	(5) A home shall prepare and serve meals in an appetizing manner.
ANALYSIS:	Through record review 14 meals out of 49 meals in the month of May had not been documented on therefore this allegation has been substantiated.
CONCLUSION:	VIOLATION ESTABLISHED

IV. RECOMMENDATION

Contingent upon receipt of an acceptable corrective action, I recommend the status of this license remain unchanged.



10/07/2025

 Jennifer Heim, Health Care Surveyor Date
 Long-Term-Care State Licensing Section

Approved By:



10/30/2025

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