



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
DIRECTOR

October 21, 2025

Eric Simcox
Oakleigh of Macomb
49880 Hayes Road
Macomb, MI 48044

RE: License #: AH500394648
Oakleigh of Macomb
49880 Hayes Road
Macomb, MI 48044

Dear Mr. Simcox:

Attached is the Renewal Licensing Study Report for the facility referenced above. The violations cited in the report require the submission of a written corrective action plan. 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 dates 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 licensee or licensee designee or home for the aged authorized representative and a date.

Upon receipt of an acceptable corrective action plan, a regular license will be issued. If you fail to submit an acceptable corrective action plan, disciplinary action will result. 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 feel free to contact the local office at (517) 335-5985.

Sincerely,

Brender Howard, Licensing Staff
Bureau of Community and Health Systems
611 W. Ottawa Street, P.O. Box 30664
Lansing, MI 48909
(313) 268-1788
enclosure

**MICHIGAN DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
BUREAU OF COMMUNITY AND HEALTH SYSTEMS
RENEWAL INSPECTION REPORT**

I. IDENTIFYING INFORMATION

License #: AH500394648

Licensee Name: Oakleigh Macomb Operations, LLC

Licensee Address: Suite 201
40600 Ann Arbor Road
Plymouth, MI 48170

Licensee Telephone #: (586) 997-8090

Authorized Representative: Eric Simcox

Administrator/Licensee Designee: Richard Fritz

Name of Facility: Oakleigh of Macomb

Facility Address: 49880 Hayes Road
Macomb, MI 48044

Facility Telephone #: (586) 997-8090

Original Issuance Date: 12/18/2019

Capacity: 101

Program Type: AGED
ALZHEIMERS

II. METHODS OF INSPECTION

Date of On-site Inspection(s): 10/15/2025

Date of Bureau of Fire Services Inspection if applicable: 09/26/2025

Inspection Type: Interview and Observation Worksheet
 Combination

Date of Exit Conference: 10/15/2025

No. of staff interviewed and/or observed 12

No. of residents interviewed and/or observed 10

No. of others interviewed 2 Role Residents' family members

- Medication pass / simulated pass observed? Yes No If no, explain.
- Medication(s) and medication records(s) reviewed? Yes No If no, explain.
- Resident funds and associated documents reviewed for at least one resident? Yes No If no, explain. No funds held for the residents
- Meal preparation / service observed? Yes No If no, explain.
- Fire drills reviewed? Yes No If no, explain.
Interviewed residents on the policy and procedures
- Water temperatures checked? Yes No If no, explain.
- Incident report follow-up? Yes IR date/s: N/A
- Corrective action plan compliance verified? Yes CAP date/s and rule/s:
2025A1019080 08/14/2025 1922 (5); 2024A1022017 02/06/2024 20175(1);
2024A1011011 03/20/2024 1921 (1), 1931 (7), 1922 (5), 1921 (1), 1953;
2023A1027093 09/15/2023 1921 (1); 2023A1019024 09/15/2023 1921 (1);
2023A1019024 02/17/2023 1932 (1)
- Number of excluded employees followed up? 5 N/A

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

This facility was found to be in non-compliance with the following rules:	
R 325.1970	Water supply systems.
	(5) The plumbing system shall be designed and maintained so that the possibility of back flow or back siphonage is eliminated.
The faucet of the kitchen sink was dripping water and was not able to be completely turned off.	
R 325.1976	Kitchen and dietary.
	(5) The kitchen and dietary area, as well as all food being stored, prepared, served, or transported, shall be protected against potential contamination from dust, flies, insects, vermin, overhead sewer lines, and other sources.
The freezer in the kitchen contained food which included Italian dressing, thousand island dressing and barbecue sauce with no open dates.	

IV. RECOMMENDATION

Contingent upon receipt of an acceptable corrective action plan, renewal of the license is recommended.

Brandon D. Howard

10/21/2025

Licensing Consultant

Date