



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

MARLON I. BROWN, DPA  
DIRECTOR

November 3, 2025

Lisa Alford  
Ashley Court Of Brighton Inc.  
7400 Challis Road  
Brighton, MI 48116

RE: License #: AL470092982  
**Ashley Court -Bldg # 4  
7400 Challis Road  
Brighton, MI 48116**

Dear Ms. Alford:

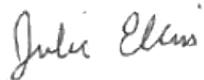
Attached is the Renewal Licensing Study Report for the facility referenced above. The violations cited in the report require the submission of a written corrective action plan. The corrective action plan is due 15 days from the date of this letter and must include the following:

- 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 plan, a regular license will be issued. If you fail to submit an acceptable corrective action plan, disciplinary action will result.

Please contact me with any questions. In the event that I am not available and you need to speak to someone immediately, you may contact the local office at (517) 335-5985.

Sincerely,



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

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

**I. IDENTIFYING INFORMATION**

**License #:** AL470092982  
**Licensee Name:** Ashley Court Of Brighton Inc.  
**Licensee Address:** 7400 Challis Road  
Brighton, MI 48116  
**Licensee Telephone #:** (734) 622-0074  
**Licensee Designee:** Lisa Alford  
**Administrator:** Lisa Alford  
**Name of Facility:** Ashley Court -Bldg # 4  
**Facility Address:** 7400 Challis Road  
Brighton, MI 48116  
**Facility Telephone #:** (734) 622-0074  
**Original Issuance Date:** 08/30/2000  
**Capacity:** 20  
**Program Type:** PHYSICALLY HANDICAPPED  
ALZHEIMERS  
AGED

## II. METHODS OF INSPECTION

Date of On-site Inspections: 10/29/2025

Date of Bureau of Fire Services Inspection if applicable: 6/11/2025

Date of Health Authority Inspection if applicable: N/A

No. of staff interviewed and/or observed 3  
No. of residents interviewed and/or observed 19  
No. of others interviewed 1 Role: licensee deisgnee/admin

- Medication pass / simulated pass observed? Yes  No  If no, explain.
- Medication(s) and medication record(s) reviewed? Yes  No  If no, explain.
- Resident funds and associated documents reviewed for at least one resident? Yes  No  If no, explain.
- Meal preparation / service observed? Yes  No  If no, explain.
- Fire drills reviewed? Yes  No  If no, explain.
- Fire safety equipment and practices observed? Yes  No  If no, explain.
- E-scores reviewed? (Special Certification Only) Yes  No  N/A  If no, explain.
- Water temperatures checked? Yes  No  If no, explain.
- Incident report follow-up? Yes  No  If no, explain.
- Corrective action plan compliance verified? Yes  CAP date/s and rule/s: 11/06/2023 402 (3), 205 (3), 301 (4), 315 (11), 315 (12), 306 (3) N/A
- Number of excluded employees followed-up? N/A
- Variances? Yes  (please explain) No  N/A

### **III. DESCRIPTION OF FINDINGS & CONCLUSION**

This facility was found to be in non-compliance with the following rules:

**R 400.15301      Resident admission criteria; resident assessment plan; emergency admission; resident care agreement; physician's instructions; health care appraisal.**

**(10) At the time of the resident's admission to the home, a licensee shall require that the resident or the resident's designated representative provide a written health care appraisal that is completed within the 90-day period before the resident's admission to the home. A written health care appraisal shall be completed at least annually. If a written health care appraisal is not available at the time of an emergency admission, a licensee shall require that the appraisal be obtained not later than 30 days after admission. A department health care appraisal form shall be used unless prior authorization for a substitute form has been granted, in writing, by the department.**

At the time of inspection, Resident A's record did not contain documentation that a physical was completed 90 days prior to admission or 30 days after. Resident A's record did not contain documentation that her health care appraisal was updated annually.

**REPEAT VIOLATION ESTABLISHED [Reference LSR dated 11/02/2023, CAP 11/06/2023.]**

**R 400.15301      Resident admission criteria; resident assessment plan; emergency admission; resident care agreement; physician's instructions; health care appraisal.**

**(4) At the time of admission, and at least annually, a written assessment plan shall be completed with the resident or the resident's designated representative, the responsible agency, if applicable, and the licensee. A licensee shall maintain a copy of the resident's written assessment plan on file in the home.**

Resident B's record did not contain documentation that her written assessment plan was updated annually.

**R 400.15301      Resident admission criteria; resident assessment plan; emergency admission; resident care agreement; physician's instructions; health care appraisal.**

(9) A licensee shall review the written resident care agreement with the resident or the resident's designated representative and responsible agency, if applicable, at least annually or more often if necessary.

At the time of inspection, Resident A 's record did not contain an updated resident care agreement.

**R 400.15315      Handling of resident funds and valuables.**

(12) Charges against the resident's account shall not exceed the agreed price for the services rendered and goods furnished or made available by the home to the resident.

Resident A, Funds II forms documented that she was being charged more than agreed to on the Resident Care Agreement.

**REPEAT VIOLATION ESTABLISHED [Reference LSR dated 11/02/2023, CAP 11/06/2023.]**

#### **IV. RECOMMENDATION**

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



11/03/2025

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Julie Elkins  
Licensing Consultant

Date