



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
DIRECTOR

November 13, 2025

Lijo Antony
Barns Senior Living, LLC
71 North Ave
Mt. Clemens, MI 48043

RE: License #: AS630415337
The Barns Senior Living 2
1823 Crooks Rd
Rochester Hills, MI 48309

Dear Lijo Antony:

Attached is the Renewal Licensing Study Report for the facility referenced above. You have submitted an acceptable written corrective action plan addressing the violations cited in the report. To verify your implementation and compliance with this corrective action plan:

- You are to submit documentation of compliance.
- You are to submit a Statement of Correction.

The study has determined substantial compliance with applicable licensing statutes and administrative rules. Therefore, your license is renewed. It is valid only at your present address and is nontransferable.

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 (248) 972-9136.

Sincerely,

A handwritten signature in cursive script that reads 'Frodet Dawisha'.

Frodet Dawisha, Licensing Consultant
Bureau of Community and Health Systems
3026 W. Grand Blvd., Ste 9-100
Detroit, MI 48202
(248) 303-6348

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

I. IDENTIFYING INFORMATION

License #:	AS630415337
Licensee Name:	Barns Senior Living, LLC
Licensee Address:	1823 Crooks Rd Rochester Hills, MI 48309
Licensee Telephone #:	(248) 710-3960
Administrator/Licensee Designee:	Lijo Antony
Name of Facility:	The Barns Senior Living 2
Facility Address:	1823 Crooks Rd Rochester Hills, MI 48309
Facility Telephone #:	(248) 710-3960
Original Issuance Date:	06/01/2023
Capacity:	6
Program Type:	PHYSICALLY HANDICAPPED ALZHEIMERS AGED

II. METHODS OF INSPECTION

Date of On-site Inspection(s): 11/13/2025

Date of Bureau of Fire Services Inspection if applicable: N/A

Date of Health Authority Inspection if applicable: N/A

No. of staff interviewed and/or observed 1

No. of residents interviewed and/or observed 6

No. of others interviewed 1 Role: licensee designee

- 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:
N/A
- Number of excluded employees followed-up? N/A
- Variances? Yes (please explain) No N/A

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

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

R 400.645	Environmental health.
	(3) A licensee shall provide hot and cold running water under pressure. A licensee shall maintain the hot water temperature for a resident's use at a range of 105 degrees Fahrenheit to 120 degrees Fahrenheit at the fixture.

During the on-site inspection on 11/13/2025, the hot water temperature was outside the safe range of 105°-120° Fahrenheit in the kitchen (126.7°) and in bathroom #4 (121.8°).

R 400.675	Resident medications.
	(4) A licensee, administrator, or direct care staff shall comply with the following when supervising the taking of medication by a resident: (v) Initials of the individual who administered the medication at the time given.

During the on-site inspection on 11/13/2025, I reviewed Resident A's and Resident B's medication logs and found the following errors:

- Resident A's **Alprazolam 0.5MG Tabs**: take one tablet oral two times a day was given at 8AM on 11/28/2024, 11/29/2024, and at 8PM on 11/03/2024, 11/27/2024, 11/28/2024 and 05/22/2024 but staff did not initial the medication log.
- Resident A's **Donepezil HCL 5MG Tabs**: take one tablet oral at bedtime was given at 8PM on 11/03/2024, 11/27/2024, 11/28/2024 and 05/22/2024 but staff did not initial the medication log.
- Resident A's **Fluoxetine HCL 10MG Caps**: take one capsule by mouth daily was given at 8AM on 11/01/2024, 11/28/2024, and 11/29/2024 but staff did not initial the medication log.
- Resident A's **Levothyroxine Sodium 50MCG**: take one tablet by mouth every morning on empty stomach was given at 8AM on 11/28/2024 and 11/29/2024 but staff did not initial the medication log.
- Resident A's **Mirtazapine 7.5MG Tabs**: take one tablet by mouth at bedtime was given at 8PM on 11/03/2024, 11/27/2024, 11/28/2024 and 05/22/2024 but staff did not initial the medication log.
- Resident A's **Quetiapine Fumarate 25MG T**: take one tablet by mouth two times a day was given at 8AM on 11/28/2024 and 11/29/2024 and at 8PM on 11/03/2024, 11/27/2024, 11/28/2024 and 05/22/2024 but staff did not initial the medication log.
- Resident A's **Rosuvastatin Calcium 20MG**: take one tablet oral at bedtime was given at 8PM on 11/03/2024, 11/27/2024, 11/28/2024 and 05/22/2024 but staff did not initial the medication log.
- Resident B's **Ibuprofen 400MG Tabs**: take one tablet by mouth daily was given at 8AM on 10/11/2025 but staff did not initial the medication log.
- Resident B's **Midodrine HCL 5MG Tabs**: take one tablet by mouth daily was not given on 11/08/2025 as the medication had not been received yet, but staff initialed the medication log.

A corrective action plan was requested and approved on 11/13/2025. It is expected that the corrective action plan be implemented within the specified time frames as outlined in the approved plan. A follow-up evaluation may be made to verify compliance. Should the corrections not be implemented in the specified time, it may be necessary to reevaluate the status of your license.

IV. RECOMMENDATION

An acceptable corrective action plan has been received. Renewal of the license is recommended.



11/13/2025

Frodet Dawisha
Licensing Consultant

Date