



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

MARLON I. BROWN, DPA  
DIRECTOR

December 26, 2025

Lorenzo Cavaliere  
Belmar Oakland  
5990 Adams Road  
Troy, MI 48098

RE: License #: AH630369651  
Investigation #: 2026A0628009  
Belmar Oakland

Dear Licensee:

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 authorized representative and a date.

If you desire technical assistance in addressing these issues, please feel free to contact me. In any event, the corrective action plan is due within 15 days. Failure to submit an acceptable corrective action plan will result in disciplinary action.

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,

  
Rebekah Looney, Licensing Staff  
Bureau of Community and Health Systems  
611 W. Ottawa Street  
P.O. Box 30664  
Lansing, MI 48909

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

**I. IDENTIFYING INFORMATION**

<b>License #:</b>	AH630369651
<b>Investigation #:</b>	2026A0628009
<b>Complaint Receipt Date:</b>	11/06/2025
<b>Investigation Initiation Date:</b>	11/11/2025
<b>Report Due Date:</b>	01/05/2025
<b>Licensee Name:</b>	Windemere Park of Troy Operations LLC
<b>Licensee Address:</b>	Suite 300 30078 Schoenherr Rd. Warren, MI 48088
<b>Licensee Telephone #:</b>	(586) 563-1500
<b>Administrator:</b>	Patricia Laugavitz
<b>Authorized Representative</b>	Lorenzo Cavaliere
<b>Name of Facility:</b>	Belmar Oakland
<b>Facility Address:</b>	5990 Adams Road Troy, MI 48098
<b>Facility Telephone #:</b>	(248) 602-2400
<b>Original Issuance Date:</b>	05/02/2016
<b>License Status:</b>	REGULAR
<b>Effective Date:</b>	08/01/2025
<b>Expiration Date:</b>	07/31/2026
<b>Capacity:</b>	69
<b>Program Type:</b>	AGED ALZHEIMERS

## II. ALLEGATION(S)

	<b>Violation Established?</b>
Staff are not educated monthly or ongoing.	Yes
Residents are not getting showers.	Yes
The home is not offering therapeutic diets.	No
The home serves cold, unhealthy meals.	No
The home doesn't post the menu.	No
Additional Findings	No

An allegation submitted in this complaint is already being investigated in case number 2026A0628010. Therefore, it will not be addressed in this investigation report.

The complainant identified some concerns that were not related to licensing rules and statutes for a home for the aged. Therefore, only specific items pertaining to homes for the aged provisions of care were considered for investigation. The following items were those that could be considered under the scope of licensing.

## III. METHODOLOGY

11/06/2025	Special Investigation Intake 2026A0628009
11/11/2025	Special Investigation Initiated - Letter email sent to administrator requesting additional documentation
11/12/2025	Contact – email received from administrator
11/12/2025	Contact – document sent – email sent to administrator requesting additional documentation
11/17/2025	Onsite investigation
12/29/2025	Exit Conference – conducted with Lorenzo Cavaliere

**ALLEGATION: Staff are not educated monthly or ongoing.**

**INVESTIGATION:**

On 11/06/2025, the department received a complaint that alleged the staff at the home are not receiving monthly or ongoing education.

On 11/17/2025, while onsite, I interviewed the administrator and Employee #1. Employee #1 reported that they used to have scheduled trainings/education, but they haven't in a while. The administrator reported that there is no monthly education schedule for staff. She reported that education is done with staff when the need for it arises. Documents provided by the administrator show staff education on the following dates and topics:

- 03/24/2025 – Hourly Checks
- 05/14/2025 – Dementia
- 05/15/2025 – Fire Drills, Pendants
- 11/07/2025 – Two-person assist for caregivers

The orientation document provided by the administrator covers the competencies in rule 324.1931(6) listed below. However, there is no proof that staff get any ongoing education or any updates in best practices or changes in policy or procedure.

<b>APPLICABLE RULE</b>	
<b>R 325.1931</b>	<b>Employees; general provisions.</b>
	<b>(6) The home shall establish and implement a staff training program based on the home's program statement, the residents service plans, and the needs of employees, such as any of the following:</b> <ul style="list-style-type: none"><li><b>(a) Reporting requirements and documentation.</b></li><li><b>(b) First aid and/or medication, if any.</b></li><li><b>(c) Personal care.</b></li><li><b>(d) Resident rights and responsibilities.</b></li><li><b>(e) Safety and fire prevention.</b></li><li><b>(f) Containment of infectious disease and standard precautions.</b></li><li><b>(g) Medication administration, if applicable.</b></li></ul>

<b>ANALYSIS:</b>	Through interviews with staff and review of education documentation provided by the home, it is apparent that the home is not doing consistent, ongoing training with the staff. Additionally, it is unable determined if the home is updating staff with changes in best practices and updates to the home's policies and procedures. Therefore, this allegation is substantiated.
<b>CONCLUSION:</b>	<b>VIOLATION ESTABLISHED</b>

**ALLEGATION: Residents are not getting showers.**

**INVESTIGATION:**

On 11/06/2025, the department received a complaint alleging that residents at the home were not receiving showers.

While onsite, I interviewed the administrator and Employee #1. The administrator reported that staff doesn't do any "progress note" charting so any missed or refused showers or any concerns that may arrive during the resident shower are not charted in a progress note. Employee #1 reported that showers are documented on the ADL log for each resident. Additionally, a sheet titled, "Comprehensive Admission Skin Assessment" should be filled out each shower day. There is a place for a narrative note where the caregiver would chart any concerns, including shower refusal.

Upon reviewing the ADL log and shower sheets for four residents, it was determined that for all four residents the data on the ADL log and the data represented by the "Comprehensive Admission Skin Assessment" did not match.

Resident A did not have a skin assessment sheet for the date of 11/06/2025. Additionally, the ADL log has a slash mark (/) on that date. It is unknown if Resident A received a shower on 11/07/2025.

Resident B did not have a skin assessment sheet for the date of 11/06/2025 and the ADL log has a slash mark (/) on that date. It is unknown if Resident B received a shower on 11/06/2025.

Resident C did not have a skin assessment sheet for the dates of 11/08/2025 and 11/12/2025. The ADL log has a slash mark (/) on both of those dates. It is unknown if Resident C received a shower on 11/08/2025 or 11/12/2025.

Resident D has only one weekday listed as a shower day. (Thursday) However, Resident D has skin assessment sheets for Mondays and Thursdays. The ADL sheet is blank on the scheduled shower day of 11/13/2025, however there was a

skin assessment sheet completed for that date. The ADL log sheet documentation and skin assessment sheet do not match.

<b>APPLICABLE RULE</b>	
<b>R 325.1933</b>	<b>Personal care of residents.</b>
	<b>(2) A home shall afford a resident the opportunity and instructions when necessary for daily bathing, oral and personal hygiene, daily shaving, and hand washing before meals. A home shall ensure that a resident bathes at least weekly and more often if necessary.</b>
<b>ANALYSIS:</b>	Through interviews with staff and review of documentation including ADL logs, where showers are to be documented, and comprehensive admission skin assessment sheets, which are to be completed with each shower given/refused, I was unable to determine how often residents were receiving showers. There is no documentation in progress notes to state refusal of showers and documentation that is completed by staff is inconsistent. Therefore, this violation is substantiated.
<b>CONCLUSION:</b>	<b>VIOLATION ESTABLISHED</b>

**ALLEGATION: The home is not offering therapeutic diets.**

**INVESTIGATION:**

On 11/06/2025, the department received a complaint that alleged the home did not offer therapeutic diets to the residents.

While onsite, I spoke with the administrator and Employee #2, who reported that the home offers therapeutic diets. Upon review of the menu, diabetic (no concentrated sweets) and heart healthy (no added salt) options are offered by the home. Residents are provided with those diets based on a medical order.

<b>APPLICABLE RULE</b>	
<b>R 325.1952</b>	<b>Meals and special diets.</b>
	<b>(4) Medical nutrition therapy, as prescribed by a licensed health care professional and which may include therapeutic diets or special diets, supplemental nourishments or fluids to meet the resident's nutritional and hydration needs, shall be provided in accordance with the resident's service plan</b>

	<b>unless waived in writing by a resident or a resident's authorized representative.</b>
<b>ANALYSIS:</b>	Upon review of the menu and discussion with the administrator and Employee #2, it was determined that the home offers therapeutic diets. Therefore, this violation was not established.
<b>CONCLUSION:</b>	<b>VIOLATION NOT ESTABLISHED</b>

**ALLEGATION: The home serves cold, unhealthy meals.**

**INVESTIGATION:**

On 11/06/2025, the department received a complaint that alleged the home serves cold, unhealthy meals.

While onsite, I discussed the food temperatures with the administrator and Employee #2. The administrator reported that in the past, food temperatures might not have been to the liking of some residents. She reported that since the home has changed to in-home prepared meals, there have been no complaints about the food from the residents. Additionally, Employee #2 reported that they check and record temperatures for the food being served at every meal.

Review of food temperature logs from 10/17/2025- 11/06/2025 reveal that food temperatures are adequate. In addition, the menu offers protein, fruits, vegetables, and grains along with ample variety.

<b>APPLICABLE RULE</b>	
<b>R 325.1952</b>	<b>Meals and special diets.</b>
	<b>(5) A home shall prepare and serve meals in an appetizing manner.</b>
<b>ANALYSIS:</b>	Through discussions with staff and review of the home's food temperature logs, there is no indication that the home is serving cold, unhealthy meals. Therefore, this violation is not substantiated.
<b>CONCLUSION:</b>	<b>VIOLATION NOT ESTABLISHED</b>

**ALLEGATION: The home doesn't post the menu.**

**INVESTIGATION:**

On 11/06/2025, the department received a complaint alleging that the home does not post the menu or give it to the residents.

While onsite, I discussed the menu with the administrator. The administrator reported that the home had just switched to in-home cooked meals. Previously, the home had utilized pre-made meals.

I spoke with the Employee #2, who reported that at this time, the home is not posting the menu, but it is hand delivered to the residents by the activity director. There is a place to post the menu in the dining room and the administrator reported that going forward the menu will be posted there, as well.

<b>APPLICABLE RULE</b>	
<b>R 325.1953</b>	<b>Menus.</b>
	<b>(1) A home shall prepare and post the menu for regular and therapeutic or special diets for the current week. Changes shall be written on the planned menu to show the menu as actually served.</b>
<b>ANALYSIS:</b>	With the change of meal preparation and meal offerings, the home is hand delivering the menu to residents at this time. The home also reported they will post the menu going forward. Therefore, this violation was not substantiated.
<b>CONCLUSION:</b>	<b>VIOLATION NOT ESTABLISHED</b>

**IV. RECOMMENDATION**

Contingent upon receipt of an acceptable corrective action plan, I recommend no change in the status of the license.

  
Rebekah Looney  
Licensing Staff

12/08/2025  
Date

Approved By:



12/26/2025

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

Date