



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
DIRECTOR

February 24, 2026

Lake (Bloomfield) TRS LLC, Suite 1600
6688 N. Central Expressway
Dallas, TX 75206

RE: License #: AH630409730
The Avalon of Bloomfield Township

Dear Licensee:

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. If you fail to submit an acceptable corrective action plan, disciplinary action will result. 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 home for the aged authorized representative 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 feel free to contact the local office at (517) 335-5985.

Sincerely,

A handwritten signature in blue ink, appearing to read "Elizabeth Gregory-Weil".

Elizabeth Gregory-Weil, Licensing Staff
Bureau of Community and Health Systems
611 W. Ottawa Street
P.O. Box 30664
Lansing, MI 48909
(810) 347-5503

enclosure

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

I. IDENTIFYING INFORMATION

License #:	AH630409730
Licensee Name:	Lake (Bloomfield) TRS LLC
Licensee Address:	6688 N. Central Expressway, Suite 1600 Dallas, TX 75206
Licensee Telephone #:	(214) 754-8623
Authorized Representative:	Vacant
Administrator/Licensee Designee:	Vacant
Name of Facility:	The Avalon of Bloomfield Township
Facility Address:	100 W Square Lake Rd Bloomfield Twp, MI 48302
Facility Telephone #:	(248) 480-7343
Original Issuance Date:	09/30/2022
Capacity:	158
Program Type:	AGED ALZHEIMERS

II. METHODS OF INSPECTION

Date of On-site Inspection(s): 02/17/2026

Date of Bureau of Fire Services Inspection if applicable: 01/14/2026

Inspection Type: Interview and Observation Worksheet
 Combination

Date of Exit Conference: 02/18/2026

No. of staff interviewed and/or observed 17

No. of residents interviewed and/or observed 36

No. of others interviewed 0 Role

- 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. The facility does not hold resident funds in trust.
- Meal preparation / service observed? Yes No If no, explain.
- Fire drills reviewed? Yes No If no, explain.
The Bureau of Fire Services reviews fire drills, however disaster planning procedures were reviewed.
- 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: Compliance was not verified, as this report contains repeat violations from previous onsite visits.
- Number of excluded employees followed up? 0 N/A

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

<p>This facility was found to be in non-compliance with the following public health code statutes and administrative rules regulating home for the aged facilities:</p>	
MCL 333.20173	Covered facility; employees or applicants for employment; prohibitions; criminal history check;
	<p>(4) Upon receipt of the written consent to conduct a criminal history check and identification required under subsection (3), a staffing agency or covered facility that has made a good faith offer of employment or an independent contract or clinical privileges to the applicant shall make a request to the department of state police to conduct a criminal history check on the applicant, to input the applicant's fingerprints into the automated fingerprint identification system database, and to forward the applicant's fingerprints to the Federal Bureau of Investigation. The department of state police shall request the Federal Bureau of Investigation to make a determination of the existence of any national criminal history pertaining to the applicant. The applicant shall provide the department of state police with a set of fingerprints. The request shall be made in a manner prescribed by the department of state police. The staffing agency or covered facility shall make the written consent and identification available to the department of state police. The staffing agency or covered facility shall make a request regarding that applicant to the relevant licensing or regulatory department to conduct a check of all relevant registries established according to federal and state law and regulations for any substantiated findings of abuse, neglect, or misappropriation of property. If the department of state</p>

police or the Federal Bureau of Investigation charges a fee for conducting the criminal history check, the staffing agency or covered facility shall pay the cost of the charge. Except as otherwise provided in this subsection, if the department of state police or the Federal Bureau of Investigation charges a fee for conducting the criminal history check, the department shall pay the cost of or reimburse the charge for a covered facility that is a home for the aged. After October 1, 2018, if the department of state police or the Federal Bureau of Investigation charges a fee for conducting the criminal history check, the department shall pay the cost of the charge up to 40 criminal history checks per year for a covered facility that is a home for the aged with fewer than 100 beds and 50 criminal history checks per year for a home for the aged with 100 beds or more. The staffing agency or covered facility shall not seek reimbursement for a charge imposed by the department of state police or the Federal Bureau of Investigation from the individual who is the subject of the criminal history check. A prospective employee or a prospective independent contractor covered under this section may not be charged for the cost of a criminal history check required under this section. The department of state police shall conduct a criminal history check on the applicant named in the request. The department of state police shall provide the department with a written report of the criminal history check conducted under this subsection. The report shall contain any criminal history record information on the applicant maintained by the department of state police. The department of state police shall provide the results of the Federal Bureau of Investigation determination to the department within 30 days after the request is made. If the requesting staffing agency or covered facility is not a state department or agency and if criminal history record information is disclosed on the written report of the criminal history check or the Federal Bureau of Investigation determination that resulted in a conviction, the department shall notify the staffing agency or covered facility and the applicant in writing of the type of crime disclosed on the written report of the criminal history check or the Federal Bureau of Investigation determination without disclosing the details of the crime. Any charges imposed by the department of state police or the Federal Bureau of Investigation for conducting

	<p>a criminal history check or making a determination under this subsection shall be paid in the manner required under this subsection. The notice shall include a statement that the applicant has a right to appeal the information relied upon by the staffing agency or covered facility in making its decision regarding his or her employment eligibility based on the criminal history check. The notice shall also include information regarding where to file and describing the appellate procedures established under section 20173b.</p>
<p>Two hire dates were provided for Employee 1 (8/18/20 and 4/1/25). The background clearance provided by the facility did not align with either date and was conducted on 2/24/23.</p>	
<p>MCL 333.20201</p>	<p>Policy describing rights and responsibilities of patients or residents;</p>
	<p>(1) A health facility or agency that provides services directly to patients or residents and is licensed under this article shall adopt a policy describing the rights and responsibilities of patients or residents admitted to the health facility or agency. Except for a licensed health maintenance organization that is subject to chapter 35 of the insurance code of 1956, 1956 PA 218, MCL 500.3501 to 500.3573, the health facility or agency shall post the policy at a public place in the health facility or agency and shall provide the policy to each member of the health facility or agency staff. Patients or residents shall be treated in accordance with the policy.</p>
<p>The facility did not have the residents' rights policy posted.</p>	
<p>R 325.1921</p>	<p>Governing bodies, administrators, and supervisors.</p>
	<p>(1) The owner, operator, and governing body of a home shall do all of the following:</p> <p style="padding-left: 40px;">(b) Assure that the home maintains an organized program to provide room and board, protection, supervision, assistance, and supervised personal care for its residents.</p>

The owner, operator, governing body did not assure that the home maintains an organized program of protection to its residents as evidenced by the following:

I observed that Resident A had bed rails affixed to his bed. The facility lacked physician's orders for the device directing their purpose and authorization for use, the device was not addressed in the resident service plan, there were no manufacturer's guidelines for proper installation and use of the devices and did not demonstrate an ongoing training and maintenance program for the device. Additionally, the facility did not have an evaluation process to determine the appropriateness of the devices for those residents that had the rails on their bedframes.

The lack of a reasonably organized program of protection related to these devices place staff at a disadvantage when attempting to meet the safety needs of residents and does not reasonably protect residents from the possibility of unnecessary entrapment and/or entanglement injury or death associated with such devices.

R 325.1922	Admission and retention of residents.
	(1) A home shall have a written resident admission contract, program statement, admission and discharge policy and a resident's service plan for each resident.
Resident B moved into the facility on 3/31/24, however the contract was void of the resident and licensee representative's signatures.	
R 325.1922	Admission and retention of residents.
	<p>(3) At the time of an individual's admission, a home or the home's designee shall complete a written resident admission contract between the resident and/or the resident's authorized representative, if any, and the home. The resident admission contract shall, at a minimum, specify all of the following:</p> <p>(e) The home's admission and discharge policy.</p>

Review of the licensee's resident admission contract reveals that it does not contain the admission and discharge policies.	
R 325.1922	Admission and retention of residents.
	<p>(7) An individual admitted to residence in the home shall have evidence of tuberculosis screening on record in the home that was performed within 12 months before admission. Initial screening may consist of an intradermal skin test, a blood test, a chest x-ray, or other methods recommended by the public health authority. The screening type and frequency of routine tuberculosis (TB) testing shall be determined by a risk assessment as described in the 2005 MMWR Guidelines for Preventing the Transmission of Mycobacterium tuberculosis in Health-Care Settings, 2005 (http://www.cdc.gov/mmwr/pdf/rr/rr5417.pdf) , Appendices B and C, and any subsequent guidelines as published by the centers for disease control and prevention. A home, and each location or venue of care, if a home provides care at multiple locations, shall complete a risk assessment annually. Homes that are low risk do not have to conduct annual TB testing for residents.</p>
The facility was unable to produce evidence that Resident A was screened for TB within 12 months prior to his admission. Resident A moved into the facility on 11/25/24 and his TB screen on file was dated 8/20/25. The facility was unable to produce any TB results for Residents B, C, D, E and F.	
R 325.1923	Employee's health.
	<p>(2) A home shall provide initial tuberculosis screening at no cost for its employees. New employees shall be screened within 10 days of hire and before occupational exposure. The screening type and frequency of routine tuberculosis (TB) testing shall be determined by a risk assessment as described in the 2005 MMWR "Guidelines for Preventing the Transmission of Mycobacterium tuberculosis in Health-Care Settings, 2005" (http://www.cdc.gov/mmwr/pdf/rr/rr5417.pdf), Appendices B and C, and any subsequent guidelines as published by the centers for disease control and prevention. Each home, and each location or venue of care, if a home provides care at multiple locations, shall complete a risk assessment</p>

	<p>annually. Homes that are low risk do not need to conduct annual TB testing for employees.</p>
<p>Two hire dates were provided for Employee 1 (8/18/20 and 4/1/25). The TB screen on file for Employee 1 did not align with either hire date and was completed on 8/24/22. Employee 2 was hired on 3/5/24 and her TB screen was completed on 3/26/24. Employee 3 was hired on 8/21/23 and her TB screen was completed on 9/6/23. The facility could not produce evidence that a TB screen was completed upon hire for Employees 4, 5 and 6.</p> <p>[REPEAT VIOLATION ESTABLISHED]</p>	
<p>R 325.1932</p>	<p>Resident's medications.</p>
	<p>(2) Prescribed medication managed by the home shall be given, taken, or applied pursuant to labeling instructions, orders and by the prescribing licensed health care professional.</p> <p>(3) Staff who supervise the administration of medication for residents who do not self-administer shall comply with all of the following:</p> <p>(c) Contact the appropriate licensed health care professional when the prescribed medication has not been administered in accordance with the label instruction, an order from a health care professional, medication log, or a service plan.</p> <p>(6) For a resident who is identified as self-administered in his or her service plan, the home must have a policy to offer a secured method of storage for medications if desired by the resident and to notify the applicable health care professional or legal representative if there is a change in a resident's capacity to self-medicate.</p>
<p>Medication administration records (MAR) were reviewed for the previous six weeks, and the following observations were made:</p> <ul style="list-style-type: none"> • Repeated instances of staff administering medications outside of time parameters. • Repeated instances of staff charting medication administrations late. • Repeated instances of staff improperly documenting missed medication administrations or lack of justification for missed medications. 	

- Repeated instances of residents self-administering medications without proper evaluation to do so.

A detailed list of all questionable medication administrations for Residents A, B, C, D, E and F was provided to the licensee; the licensee acknowledged the deficient practices.

Additionally, unsecured medications were observed in Resident A and G's rooms despite both service plans reading that the residents cannot take medications without assistance.

[REPEAT VIOLATION ESTABLISHED]

R 325.1944	Employee records and work schedules.
	<p>(1) A home shall maintain a record for each employee which shall include all of the following:</p> <p>(d) Summary of experience, education, and training.</p>
<p>The facility could not demonstrate that Employee 3 had been trained or deemed competent to complete her job duties as a med tech, as her file did not contain any proof of training. Employee 3 has been employed at the facility since 8/21/23.</p>	
R 325.1976	Kitchen and dietary.
	<p>(6) Food and drink used in the home shall be clean and wholesome and shall be manufactured, handled, stored, prepared, transported, and served so as to be safe for human consumption.</p>
<p>Sausage links were observed to be left open and not properly sealed in the commercial walk in freezer.</p> <p>[REPEAT VIOLATION ESTABLISHED]</p>	
R 325.1979	General maintenance and storage.
	<p>(1) The building, equipment, and furniture shall be kept clean and in good repair.</p>
<p>Visible leaks were observed under the sinks located in the second and third floor dining/activity rooms. Water staining was observed along with a dark, thick liquid that</p>	

had hardened. Garbage (including discarded food items) was observed on the floor of the first floor family room.	
R 325.1979	General maintenance and storage.
	(3) Hazardous and toxic materials shall be stored in a safe manner.
<p>Unsecured chemicals and various cleaning agents were observed in a cabinet of the first floor dining room, atop a first floor med cart located in a resident the hallway, the first floor laundry room (unlocked), second floor family room, third floor dining/activity room and third floor sun porch. The observed items are an unnecessary ingestion and subsequent poisoning risk to those residents that lack safety awareness.</p> <p>[REPEAT VIOLATION ESTABLISHED]</p>	

IV. RECOMMENDATION

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



02/24/2026

Elizabeth Gregory-Weil
Licensing Consultant

Date