



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
DIRECTOR

March 10, 2026

Erin Ottenbreit
Cedarbrook Of Rochester
790 Letica Drive
Rochester, MI 48307

RE: License #: AH630387151

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. 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 #:	AH630387151
Licensee Name:	CSL Rochester Master Operator, LLC
Licensee Address:	Suite 300 1450 West Long Lake Troy, MI 48098
Licensee Telephone #:	(248) 583-6020
Authorized Representative:	Erin Ottenbreit
Administrator:	Artur Szuster
Name of Facility:	Cedarbrook Of Rochester
Facility Address:	790 Letica Drive Rochester, MI 48307
Facility Telephone #:	(248) 583-6020
Original Issuance Date:	11/21/2019
Capacity:	85
Program Type:	AGED ALZHEIMERS

II. METHODS OF INSPECTION

Date of On-site Inspection(s): 03/09/2026

Date of Bureau of Fire Services Inspection if applicable: 02/03/2026

Inspection Type: Interview and Observation Worksheet
 Combination

Date of Exit Conference: 03/10/2026

No. of staff interviewed and/or observed 19

No. of residents interviewed and/or observed 43

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 facility 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: R 325.1921 (1) (b)/ CAP date 7/11/25
- 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 administrative rules regulating home for the aged facilities:</p>	
R 325.1921	Governing bodies, administrators, and supervisors.
	<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>
<p>I observed that Resident A had a bedside assistive device with a support bar that slid underneath the mattress. The device was not adequately secured to the bed frame and could easily slide out. The device was not outlined in Resident A's service plan, therefore the facility lacked instruction on how the resident is to be monitored regarding the use of the device. Staff at the facility attested that the device was prohibited and they were unaware of how long it was in place for.</p>	
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>

<p>The facility was unable to produce evidence that Resident B was screened for TB within 12 months prior to her admission. Resident B moved into the facility on 10/27/23 and her file did not contain any TB records.</p>	
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 annually. Homes that are low risk do not need to conduct annual TB testing for employees.</p>
<p>Review of employee files reveal that Employees 1, 2, 3, 4, and 5's initial TB testing was not completed within 10 days of hire. Employee 1 was hired on 10/21/24 and her TB screen was completed on 10/8/24. Employee 2 was hired on 7/31/23 and her TB screen was completed on 7/17/23. Employee 3 was hired on 12/27/22 and his TB screen was completed on 12/12/22. employee 4 was hired on 7/10/23 and his TB screen was completed on 6/12/23. Employee 5 was hired on 10/24/22 and her TB screen was completed on 10/12/22.</p>	
R 325.1932	Resident medications.
	<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>Medication administration records were reviewed for the previous five weeks. The following observations were made:</p> <p>Resident C missed a dose of Lantus on 3/7/26. Staff failed to document the reason for the missed dose. Resident D missed a dose of Metoprolol on 2/21/26. Staff failed to document the reason for the missed dose.</p>	
R 325.1964	Interiors.
	<p>(9) Ventilation shall be provided throughout the facility in the following manner:</p> <p>(a) A room shall be provided with a type and amount of ventilation that will control odors and contribute to the comfort of occupants.</p> <p>(b) Bathing rooms, beauty shops, toilet rooms, soiled linen rooms, janitor closets, and trash holding rooms shall be provided with a minimum of 10 air changes per hour of continuously operated exhaust ventilation that provide discernable air flow into each of these rooms.</p>
<p>Biohazard items were being housed in a room on the third floor that was not vented or designated to hold such items.</p>	
R 325.1976	Kitchen and dietary.
	<p>(8) A reliable thermometer shall be provided for each refrigerator and freezer.</p>
<p>A thermometer was missing from Resident E's refrigerator and freezer.</p>	

IV. RECOMMENDATION

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



03/10/2026

Elizabeth Gregory-Weil
Licensing Consultant

Date