



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
DIRECTOR

May 8, 2026

Vijay Sahore
Royal Oak House
1900 N. Washington Ave.
Royal Oak, MI 48073

RE: License #: AH630382886

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 #:	AH630382886
Licensee Name:	Assured Senior Living Group, LLC
Licensee Address:	25925 Telegraph Southfield, MI 48033
Licensee Telephone #:	(248) 262-2205
Authorized Representative:	Vijay Sahore
Administrator:	Nechell Hamler
Name of Facility:	Royal Oak House
Facility Address:	1900 N. Washington Ave. Royal Oak, MI 48073
Facility Telephone #:	(248) 585-2550
Original Issuance Date:	03/01/2018
Capacity:	57
Program Type:	AGED ALZHEIMERS

II. METHODS OF INSPECTION

Date of On-site Inspection(s): 05/07/2026

Date of Bureau of Fire Services Inspection if applicable: 02/25/2026

Inspection Type: Interview and Observation Worksheet
 Combination

Date of Exit Conference: 05/08/2026

No. of staff interviewed and/or observed 16

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 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:
Compliance not verified, as this report contains several repeat violations from the previous licensure survey.
- Number of excluded employees followed up? 0 N/A

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

This facility was found to be in non-compliance with the following administrative rules regulating home for the aged facilities:	
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>(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>The facility lacked an organized program pertaining to the documentation and use of controlled substances. Review of the medication cart controlled substance count logs revealed instances of inaccurate medication counts and incomplete record keeping practices. For example, at times, the log failed to identify the date, time and amount of medication given. There were also instances where the counts did not match; I observed instances that medication amounts were deducted without a corresponding entry to indicate the medication was administered.</p>	
R 325.1932	Resident's medications.
	(1) A service plan must identify prescribed medication to be self-administered or managed by the home.
<p>Resident A's service plan did not include the resident's medication administration status. Resident B's service plan reads that the resident "is unable to self-administer medications". Despite this instruction, Resident B's medication administration record (MAR) indicates that she self administers her bimatoprost eye drops.</p> <p>[REPEAT VIOLATION ESTABLISHED]</p>	
R 325.1932	Resident's medications.
	(2) Prescribed medication managed by the home must be given, taken, or applied pursuant to labeling instructions,

	<p>orders and by the prescribing licensed healthcare 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>(b) Complete an individual medication log that contains all of the following information:</p> <p>(v) The initials of the individual who administered the prescribed medication.</p>
<p>Medication administration records (MAR) were reviewed for the previous five-week period and the following observations were made:</p> <p>Resident A is prescribed Humalog and instructed to take it 3 times a day with meals. The amount of insulin administered is dependent on his glucose level. On the 4/16/26 (breakfast dose) and 4/24/26 (lunch dose), the medication was not administered. Staff failed to document his glucose levels to confirm that the medication should not be administered.</p> <p>Resident B missed a scheduled dose of acetaminophen on 4/4/26, 4/17/26, 4/18/26 and 4/27/26. Resident B's MAR was blank in these instances and staff failed to document a reason for the missed doses.</p> <p>Resident C is prescribed Humalog and instructed to take it 4 times a day before meals and at bedtime. The amount of insulin administered is dependent on his glucose level. On the following dates/times, the medication was not administered: 4/1/26 (lunch dose), 4/6/26 (breakfast dose), 4/8/26 (breakfast dose), 4/10/26 (breakfast dose), 4/13/26 (breakfast dose), 4/15/26 (breakfast dose), 4/18/26 (breakfast and lunch dose), 4/23/26 (breakfast and lunch dose), 4/24/26 (breakfast and lunch dose), 4/27/26 (breakfast and lunch dose), 4/28/26 (lunch dose), 5/4/26 (breakfast and lunch dose), 5/6/26 (lunch dose) and 5/7/26 (breakfast dose). Staff failed to document his glucose levels to confirm that the medication should not be administered. Resident C also missed a scheduled dose of primidone on 4/8/26, 4/18/26 and 4/24/26. Resident C's MAR was blank in these instances and staff failed to document a reason for the missed doses.</p> <p>[REPEAT VIOLATION ESTABLISHED]</p>	
<p>R 325.1954</p>	<p>Meal and food records.</p>
	<p>The home shall maintain a record of the meal census, to include residents, personnel, and visitors, and a record of</p>

	the kind and amount of food used for the preceding 3-month period.
<p>Meal census records were not consistently maintained, and the facility could not provide records for the preceding three months.</p> <p>[REPEAT VIOLATION ESTABLISHED]</p>	
R 325.1976	Kitchen and dietary.
	(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>Multiple perishable food items in the commercial kitchen's walk-in refrigerator and freezer were not properly labeled, dated or sealed. These items include but are not limited to hamburger patties, meatballs and sausage links.</p> <p>[REPEAT VIOLATION ESTABLISHED]</p>	
R 325.1976	Kitchen and dietary.
	(13) A multi-use utensil used in food storage, preparation, transport, or serving shall be thoroughly cleaned and sanitized after each use and shall be handled and stored in a manner which will protect it from contamination.
<p>Styrofoam cups were located inside of a container of sugar, salt and flour. These cups were being used as a scooping mechanism. It is evident that the cups were being used repeatedly and not sanitized or replaced after each use.</p>	
R 325.1979	General maintenance and storage.
	(1) The building, equipment, and furniture shall be kept clean and in good repair.

Resident D's toilet paper holder was broken off the wall.	
[REPEAT VIOLATION ESTABLISHED]	
R 325.1979	General maintenance and storage.
	(3) Hazardous and toxic materials shall be stored in a safe manner.
<p>Numerous hazardous and toxic materials (such as cleaning agents) were found unsecured in an assisted living dining room, the private dining room and in a memory care apartment. These 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 no changes to the status of the license.



05/08/2026

Elizabeth Gregory-Weil
Licensing Consultant

Date