



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

MARLON I. BROWN, DPA  
DIRECTOR

April 14, 2026

Sonya Boulier  
Sunrise Assisted Living of Troy  
6870 Crooks Rd  
Troy, MI 48098

RE: License #: AH630399616

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 responsible party 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**

<b>License #:</b>	AH630399616
<b>Licensee Name:</b>	SZR Troy Assisted Living Opco, L.L.C.
<b>Licensee Address:</b>	Suite 200 500 N. Hurstbourne Pkwy Louisville, KY 40222-3301
<b>Authorized Representative and Administrator:</b>	Sonya Boulier
<b>Name of Facility:</b>	Sunrise Assisted Living of Troy
<b>Facility Address:</b>	6870 Crooks Rd Troy, MI 48098
<b>Facility Telephone #:</b>	(248) 293-1200
<b>Original Issuance Date:</b>	01/01/2020
<b>Capacity:</b>	80
<b>Program Type:</b>	ALZHEIMERS AGED

## II. METHODS OF INSPECTION

Date of On-site Inspection(s): 04/14/2026

Date of Bureau of Fire Services Inspection if applicable: 01/13/2026

Inspection Type:  Interview and Observation  Worksheet  
 Combination

Date of Exit Conference: 04/14/2026

No. of staff interviewed and/or observed 14

No. of residents interviewed and/or observed 29

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. The Bureau of Fire Services reviews fire drills, however facility disaster planning procedures were reviewed.
- Fire drills reviewed? Yes  No  If no, explain.
- 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 some repeat violations.
- 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>	
<p><b>R 325.1922</b></p>	<p><b>Admission and retention of residents.</b></p>
	<p><b>(7) An individual admitted to residence in the home shall have evidence of initial tuberculosis (TB) 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 TB testing must be determined by a risk assessment as described in the 2005 Morbidity and Mortality Weekly Report (MMWR) "Guidelines for Preventing the Transmission of Mycobacterium tuberculosis in Health-Care Settings, 2005" (<a href="http://www.cdc.gov/mmwr/pdf/rr/rr5417.pdf">http://www.cdc.gov/mmwr/pdf/rr/rr5417.pdf</a>), and the 2019 update to these recommendations as described in the 2019 MMWR Tuberculosis Screening, Testing, and Treatment of U.S. Health Care Personnel: Recommendations from the National Tuberculosis Controllers Association and CDC, 2019? (<a href="http://dx.doi.org/10.15585/mmwr.mm6819a3">http://dx.doi.org/10.15585/mmwr.mm6819a3</a>.) These guidelines are adopted by reference and available free of charge at the links specified in this subrule. A copy of these guidelines is available for inspection and distribution from the Bureau of Community and Health Services, Department of Licensing and Regulatory Affairs, at 611 West Ottawa Street, P.O. Box 30664, Lansing, Michigan 48909 at a cost of 15 cents per page as of the time of the adoption by reference of these guidelines. 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.</b></p>

<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 4/10/24 and his TB screen was completed on 4/11/24.</p>	
<b>R 325.1932</b>	<b>Resident's medications.</b>
	<b>(2) Prescribed medication managed by the home must be given, taken, or applied pursuant to labeling instructions, orders and by the prescribing licensed healthcare professional.</b>
<p>Medication administration records were reviewed for the previous five week period. The following observations were made:</p> <p>Resident B missed one or both doses of lorazepam from 3/1/26-3/6/26 (11 total doses missed). Staff documented the reason for the missed doses as "medication pending delivery". Despite not being available to administer, staff documented that the medication was passed on 3/6/26, in between times when the medication was marked as unavailable. This is considered a documentation error.</p>	
<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>
<p>A weekly menu was not posted, only items for the current day was observed.</p>	
<b>R 325.1972</b>	<b>Solid wastes.</b>
	<b>All garbage and rubbish shall be kept in leakproof, nonabsorbent containers. The containers shall be kept covered with tight-fitting lids and shall be removed from the home daily and from the premises at least weekly.</b>
<p>Multiple garbage cans in the commercial kitchen did not contain lids.</p>	
<b>R 325.1976</b>	<b>Kitchen and dietary.</b>
	<b>(6) Food and drink used in the home shall be clean and wholesome and shall be manufactured, handled, stored,</b>

	<b>prepared, transported, and served so as to be safe for human consumption.</b>
<p>Perishable food items in the walk-in refrigerator and freezer lacked proper labeling and/or were not sealed to prevent contamination. These items include but are not limited to beef patties, cheese, dough, and frozen vegetables.</p> <p><b>[REPEAT VIOLATION ESTABLISHED]</b></p>	
<b>R 325.1976</b>	<b>Kitchen and dietary.</b>
	<b>(8) A reliable thermometer shall be provided for each refrigerator and freezer.</b>
<p>A thermometer was missing from the refrigerator and/or freezer in apartments 101, 129, 210, 232, and in the memory care kitchen.</p>	
<b>R 325.1976</b>	<b>Kitchen and dietary.</b>
	<b>(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.</b>
<p>The facility uses a high temperature machine to clean the dishes. The facility could not demonstrate that the water temperatures were being routinely tested to ensure they are reaching temperatures high enough to adequately sanitize the dishes, as the last documented temperature was recorded on 3/6/26.</p>	
<b>R 325.1979</b>	<b>General maintenance and storage.</b>
	<b>(1) The building, equipment, and furniture shall be kept clean and in good repair.</b>
<p>The faucet in Resident C's kitchenette was loose and becoming detached from the sink.</p>	

#### IV. RECOMMENDATION

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



04/14/2026

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Date

Licensing Consultant