



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
DIRECTOR

April 15, 2026

Kimberly Wozniak
River Oaks Senior Living
500 E University Dr
Rochester, MI 48307

RE: License #: AH630399620

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. Failure to submit an acceptable corrective action plan may result in disciplinary action. 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

License #:	AH630399620
Licensee Name:	Rochester Care Operations, LLC
Licensee Address:	144 940 Monroe Ave., NW Grand Rapids, MI 49503
Authorized Representative:	Kimberly Wozniak
Administrator:	Elizabeth Mahoney
Name of Facility:	River Oaks Senior Living
Facility Address:	500 E University Dr Rochester, MI 48307
Facility Telephone #:	(248) 601-9000
Original Issuance Date:	01/01/2020
Capacity:	117
Program Type:	ALZHEIMERS AGED

II. METHODS OF INSPECTION

Date of On-site Inspection(s): 04/09/2026

Date of Bureau of Fire Services Inspection if applicable: 09/11/2025

Inspection Type: Interview and Observation Worksheet
 Combination

Date of Exit Conference: 04/15/2026

No. of staff interviewed and/or observed 14

No. of residents interviewed and/or observed 32

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 has not been verified, there are corrective action plans currently in place.
- 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>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: (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 second floor 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 medication or name of resident for which the medication counts were being adjusted and/or lacked a date or time of when the medication was administered.</p>	
<p>R 325.1923</p>	<p>Employee's health.</p>
	<p>(2) A home shall provide initial TB screening at no cost for its employees. New employees shall be screened within 10 days after hire and before occupational exposure. The screening type and frequency of routine TB testing must 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 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 (http://dx.doi.org/10.15585/mmwr.mm6819a3.) 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</p>

	<p>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 need to conduct annual TB testing for employees.</p>
<p>The facility was unable to produce evidence that Employees 1 and 2 were screened for TB within 10 days after hire. Employee 1 was hired on 10/4/24 and her TB screen was dated 10/24/24. Employee 2 was hired on 3/3/25 and her TB screen was dated 12/16/24.</p>	
<p>R 325.1932</p>	<p>Resident’s medications.</p>
	<p>(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.</p>
<p>Medication administration records (MAR) were reviewed for the previous five weeks. The following observations were made:</p> <p>Resident A missed a scheduled dose of levothyroxine on 3/12/26. Staff cited the reason for the missed dose as that it was “too late” to pass. The medication is scheduled to be administered at 6:30 am and staff documented the med pass as being late at 10:36 am. Resident A also missed a scheduled dose of a multivitamin on 3/20/26. Staff documented the reason for the missed dose as the medication being discontinued, however staff continued to administer the medication throughout the duration of the timeframe reviewed. In follow up correspondence, facility staff confirmed that the medication was not discontinued and that entry was a documentation error.</p> <p>Resident B missed a scheduled dose of quetiapine on 3/15/26. The MAR was left blank and staff failed to document a reason for the missed dose.</p> <p>Resident C missed a scheduled dose of ability on 3/25/26. The MAR was left blank and staff failed to document a reason for the missed dose.</p>	
<p>R 325.1972</p>	<p>Solid wastes.</p>
	<p>All garbage and rubbish shall be kept in leakproof, nonabsorbent containers. The containers shall be kept</p>

	covered with tight-fitting lids and shall be removed from the home daily and from the premises at least weekly.
Multiple garbage cans throughout the facility, including in the memory care kitchen did not contain lids.	
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.
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, cinnamon rolls, cookie dough, and rice.	
R 325.1976	Kitchen and dietary.
	(8) A reliable thermometer shall be provided for each refrigerator and freezer.
A thermometer was missing from the refrigerator and/or freezer in apartments 116, 123, 208, 320, 406, 417, 422, and the memory care kitchen.	
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.
A large “scoop” was located inside of a container of sugar. The handle of the scoop was buried within the content of the container, and it was evident that this scoop was being used repeatedly and not sanitized after each use.	
R 325.1979	General maintenance and storage.
	(1) The building, equipment, and furniture shall be kept clean and in good repair.

Two cabinet faces in the memory care kitchen were missing, exposing the front side of the sink.	
R 325.1979	General maintenance and storage.
	(3) Hazardous and toxic materials shall be stored in a safe manner.
Unsecured cleaning agents and detergents were observed the second and third floor laundry rooms. Both rooms were unlocked and the items were observed out in the open on top of a counter. Additional detergents and cleaning agents were observed under Resident D's kitchen sink. Per the administrator, Resident D has cognitive impairment and was not safe to use the items without supervision. The observed items are an unnecessary ingestion and subsequent poisoning risk to those residents that lack safety awareness.	
R 325.1980	Soap and towels.
	Soap and single use towels shall be available for the use of employees and visitors. Use of the common towel is prohibited.
The second floor communal bathroom did not contain any soap.	

IV. RECOMMENDATION

Contingent upon receipt of an acceptable corrective action plan, renewal of the license is recommended.



4/15/2026

Elizabeth Gregory-Weil
Licensing Consultant

Date