GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
DIRECTOR

June 25, 2026

Alexandra Allie
Linden Square Senior Care
650 Woodland Drive East
Saline, MI 48176

RE: License #: AH810334704
Investigation #: 2026A0628035
Linden Square Senior Care

Dear Licensee:

Attached is the Special Investigation Report for the above referenced facility. Due to the violations identified in the report, a written corrective action plan is required. 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 time frames 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.

If you desire technical assistance in addressing these issues, please feel free to contact me. In any event, the corrective action plan is due within 15 days. Failure to submit an acceptable corrective action plan will result in disciplinary action.
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 contact the local office at (517) 335-5985.

Sincerely,

Rebekah Looney

Rebekah Looney, Licensing Staff
Bureau of Community and Health Systems

enclosure

MICHIGAN DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
BUREAU OF COMMUNITY AND HEALTH SYSTEMS
SPECIAL INVESTIGATION REPORT

I. IDENTIFYING INFORMATION

License #:	AH810334704
Investigation #:	2026A0628035
Complaint Receipt Date:	04/14/2026
Investigation Initiation Date:	04/21/2026
Report Due Date:	06/13/2026
Licensee Name:	Linden Square Senior Care, LLC
Licensee Address:	Suite 304 7366 N Lincoln Ave Lincolnwood, IL 60712
Licensee Telephone #:	Unknown
Authorized Representative/Administrator:	Alexandra Allie
Name of Facility:	Linden Square Senior Care
Facility Address:	650 Woodland Drive East Saline, MI 48176
Facility Telephone #:	(734) 429-7600
Original Issuance Date:	06/21/2013
License Status:	REGULAR
Effective Date:	08/01/2025
Expiration Date:	07/31/2026
Capacity:	187
Program Type:	AGED ALZHEIMERS

II. ALLEGATION(S)

	Violation Established?
The home is understaffed.	No
Additional Findings	No

III. METHODOLOGY

04/14/2026	Special Investigation Intake 2026A0628035
04/21/2026	Special Investigation Initiated - On Site
04/24/2026	Contact - Document Received requested documentation received from administrator
04/28/2026	Contact - Document Sent Email sent to administrator requesting additional documentation
04/28/2026	Contact - Document Received email received from administrator with requested documentation
06/26/2026	Exit conference conducted with Alexandra Allie

ALLEGATION: The home is understaffed.

INVESTIGATION:

On 04/14/2026, the department received an anonymous complaint that alleged the home is understaffed. The complainant alleged that the staffing ratio is 80 residents and 5 staff members. Additionally, the complainant alleged that residents are waiting hours for care and residents are getting hurt due to lack of staff.

On 04/21/2026, while onsite, I spoke with the administrator who reported the general staffing guidelines are 1:15 (staff: residents) adjusted for acuity and 1:20 during sleeping hours. Additionally, he reported that all staff including RAs, lead RAs, and shift supervisors are all expected to provide care to the residents. He also stated there is a float staff to help in the evenings. The administrator reported that the home has one resident (Resident A) that had a recent fall with injury. However, he states this what not related to staffing. He also reported that the home has no residents that use a sit-to-stand for transferring, but several residents require a Hoyer lift for transferring. The staff use walkie talkies to communicate throughout

the home and if residents' needs change or they need additional help they ask other staff members. Review of Resident A's service plan reveals that she is dependent in her activities of daily life. She does not require staff assistance for transfers, eating, bathing, ambulation, etc.

While onsite, I also interviewed Employee #1 and Employee #2. They both reported that staffing is not an issue. They both reported that generally employee call offs are filled and that staff work and communicate well with each other. They reported no safety concerns regarding the residents and feel that the residents' needs are being met.

The staffing sheet for 04/21/2026, reviewed while onsite, shows nine care staff including a shift supervisor on first shift, six care staff including a shift supervisor on second shift, and four and a half care staff including a shift supervisor on third shift. Review of staffing sheets from 04/05/2026-04/19/2026 show the home meets or exceeds the staffing ratios stated by the administrator on nearly every shift.

I, additionally, reviewed the pendant response times for the dates of 04/05/2026-04/19/2026. During that time, there were 657 pendant events. All events longer than two hours were removed from the data as it was suspected that a response time of that length was either staff error (forgetting to reset the pendant) or pedant error including but not limited to low battery, resident leaving the building with the pendant, etc. Of the remaining incidents (632) the average response time was 22.65 minutes.

APPLICABLE RULE	
R 325.1931	**Employees; general provisions.**
	(5) The home shall have adequate and sufficient staff on duty at all times who are awake, fully dressed, and capable of providing for resident needs consistent with the resident service plans.

ANALYSIS:	Through interviews with staff and review of documents, it appears that the home is well-staffed and meeting or exceeding its own staffing ratios most days. There is no evidence of residents sustaining harm due to lack of staff. However, review of pendant calls for the two weeks reviewed showed response times longer than 22 minutes on average. This appears to be a longer than anticipated response time based on staffing. It is unknown if staff are unavailable to respond quicker due to resident needs and acuity or if staff are opting not to respond more promptly. A response time of 22 minutes calls into question whether the home can meet all the needs of the residents as set forth in their service plans. Therefore, this allegation is substantiated.
CONCLUSION:	**VIOLATION ESTABLISHED**

IV. RECOMMENDATION

Upon the receipt of an acceptable corrective action plan, I recommend that the status of this license remain unchanged.

Rebekah Looney 05/04/2026
Rebekah Looney Date
Licensing Staff

Approved By:

Andrea L. Moore 06/25/2026
Andrea L. Moore, Manager Date
Long-Term-Care State Licensing Section