



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
DIRECTOR

August 27, 2026

Daniel Fessler
Arden Courts (Livonia)
32500 W. Seven Mile Rd.
Livonia, MI 48152

RE: License #: AH820292968
Investigation #: 2026A1035045
Arden Courts (Livonia)

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.

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,

A handwritten signature in blue ink, appearing to read "Jennifer Heim".

Jennifer Heim, Licensing Staff
Bureau of Community and Health Systems
611 W. Ottawa Street
Lansing, MI 48909
(313) 410-3226
enclosure

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

I. IDENTIFYING INFORMATION

License #:	AH820292968
Investigation #:	2026A1035045
Complaint Receipt Date:	06/12/2026
Investigation Initiation Date:	06/15/2026
Report Due Date:	08/12/2026
Licensee Name:	Arden Courts 32500 Seven Mile Road, LLC
Licensee Address:	Ste 600 3410 Belle Chase Way Lansing, MI 48911
Licensee Telephone #:	Unknown
Administrator:	Taja-Savelle McKnight
Authorized Representative:	Daniel Fessler
Name of Facility:	Arden Courts (Livonia)
Facility Address:	32500 W. Seven Mile Rd. Livonia, MI 48152
Facility Telephone #:	(248) 426-7055
Original Issuance Date:	05/21/2009
License Status:	REGULAR
Effective Date:	08/01/2026
Expiration Date:	07/31/2027
Capacity:	60
Program Type:	ALZHEIMERS AGED

II. ALLEGATION(S)

	Violation Established?
Resident A fell. Facility did not follow policy and procedure related to incidents and accidents. Facility did not follow service plan interventions to maintain safety.	Yes
Additional Findings	No

III. METHODOLOGY

06/12/2026	Special Investigation Intake 2026A1035045
06/15/2026	Special Investigation Initiated - Letter
06/15/2026	Contact - Telephone call made
08/27/2026	Inspection Complete. BCAL Sub Compliance.
08/27/2026	Exit Conference.

ALLEGATION:

Resident A fell. Facility did not follow policy and procedure related to incidents and accidents. Facility did not follow service plan interventions to maintain safety.

INVESTIGATION:

On 4/27/2023, the Department received a complaint through the online complaint system which read:

“On June 11, 2026, between 5pm and 530pm, family went to check on my Resident A, who is a memory care dementia resident at Arden Courts in Livonia, a memory care facility. Family arrived and Resident A’s room door was closed. Family entered and discovered Resident A on the floor, bleeding out. Family noted so much blood on the floor. Family called for assistance and the facility called 911. Resident A was taken to the hospital. This was her second known fall within approximately 12 months. When visiting we noticed the door is closed and have made request to keep it open.

Observable injuries Resident A sustained were to her face: laceration to her forehead that required stitches, swollen and blackened and bruised eyes. Family advised blood in mouth. Full medical report yet to be known.”

On June 15, 2026, a phone interview was conducted with the complainant. The complainant stated post hospital stay Resident A discharged from the facility and went home with family. The complainant states Resident A resided at the facility for three years. Resident A had one other fall prior to this that they are aware of. The complainant states her main concern is how did the fall happened and had rounds been completed.

Through record review facility completed an incident and accident report post Resident A being observed on floor with injury on June 11, 2026. Resident A was sent to the hospital for further evaluation and treatment of “open area to forehead.” Resident A returned to the facility on June 11, 2026, receiving approximately 7 stitches to the laceration noted on her forehead. Resident A discharged home with family on June 13, 2026.

Through record review staff did not complete assigned “Resident Service Sign Off” for the month of June. The facility was contacted to confirm there was no charting completed to confirm service plan intervention such as “regular scheduled spot checks every two hours” was completed. It was identified and reported staff did not complete “regular scheduled spot checks” as care planned. One hundred eighty-one missed “spot checks” observed on the month of May 2026 monthly charting log. The Administrator states the facility started immediate education. The Administrator states the staff do not chart on the “Resident Service Sign Off” they chart on the assigned “Monthly Task Log.”

APPLICABLE RULE	
R 325.1931	Employees; general provisions.
	(2) A home shall treat a resident with dignity and his or her personal needs, including protection and safety, shall be attended to consistent with the resident's service plan.
ANALYSIS:	There were one hundred eighty-one missed documented every two hour “regular scheduled spot check.” Staff charted missed spot check events as “TNC” (task not completed) Based on the information provided Resident A was not being checked on as stated therefore this allegation has been substantiated.
CONCLUSION:	VIOLATION ESTABLISHED

IV. RECOMMENDATION

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



08/05/2026

Jennifer Heim, Health Care Surveyor Date
Long-Term-Care State Licensing Section

Approved By:



08/27/2026

Andrea L. Moore, Manager Date
Long-Term-Care State Licensing Section