GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
DIRECTOR

June 29, 2026

Alison VanRyckeghem
Livonia Assisted Living and Memory Care
34020 Plymouth Rd
Livonia, MI 48150

RE: License #: AH820402086
Investigation #: 2026A0627037
Livonia Assisted Living and Memory Care

Dear Alison VanRyckeghem:

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,

Rick Brummette, Licensing Staff
Bureau of Community and Health Systems
611 W. Ottawa Street
Lansing, MI 48909

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

I. IDENTIFYING INFORMATION

License #:	AH820402086
Investigation #:	2026A0627037
Complaint Receipt Date:	03/18/2026
Investigation Initiation Date:	04/17/2026
Report Due Date:	05/17/2026
Licensee Name:	Livonia Assisted Living and Memory Care LLC
Licensee Address:	34020 Plymouth Rd Livonia, MI 48150
Licensee Telephone #:	Unknown
Administrator:	Kerry High
Authorized Representative/	Alison VanRyckeghem, Authorized Repr.
Name of Facility:	Livonia Assisted Living and Memory Care
Facility Address:	34020 Plymouth Rd Livonia, MI 48150
Facility Telephone #:	(734) 743-2300
Original Issuance Date:	01/24/2023
License Status:	REGULAR
Effective Date:	08/01/2025
Expiration Date:	07/31/2026
Capacity:	88
Program Type:	ALZHEIMERS AGED

II. ALLEGATION(S)

	Violation Established?
There are concerns about the quality of care the residents are receiving, residents are being left soiled in the depends (briefs) and are not being changed, staff have been using bleach at the facility, but they are not supposed to, bleach is left out in a cup accessible to the residents, there are expired narcotics and other medications left on the pill cart, medications are not being given to residents at the correct time.	No
Additional findings	No

III. METHODOLOGY

03/18/2026	Special Investigation Intake 2026A0627037
04/17/2026	Special Investigation Initiated - On Site

ALLEGATIONS: There are concerns about the quality of care the residents are receiving, residents are being left soiled in the depends (briefs) and are not being changed, staff have been using bleach at the facility, but they are not supposed to, bleach is left out in a cup accessible to the residents, there are expired narcotics and other medications left on the pill cart, medications are not being given to residents at the correct time.

INVESTIGATION: On 3/18/26 the Bureau of Community and Health Systems received complaints alleging, concerns about the quality of care the residents are receiving, residents are being left soiled in the depends (briefs) and are not being changed, staff have been using bleach at the facility, but they are not supposed to, bleach is left out in a cup accessible to the residents, there are expired narcotics and other medications left on the pill cart, medications are not being given to residents at the correct time.

On 4/17/26 I went to the facility to investigate and interviewed SP1. SP1 took me to the dining area of the facility where lunch was being served. All of the residents there were clean, tidy and looked well cared for. The common areas were clean. SP1 and I chose 2 residents, Resident A & Resident B, who were known to be incontinent and took them to their respective rooms. Resident B was nonverbal but

SP1 and SP2 showed Resident A to be dry and with a brief appropriately in place. Resident B was verbal and did not have any concerns to express about the care she receives at the facility. SP1 and SP2 noted Resident B was not incontinent and had a dry brief in place. I interviewed SP1 about allegations of staff using bleach and leaving it out where residents could get ahold of it to which SP1 replied that bleach is not allowed in the facility and care giver staff would not use bleach for anything and housekeeping has a disinfectant cleaner that contains no bleach.

On 4/17/26 SP1 and I went through 2 of 3 medication carts in the facility. On cart 1 for the memory care, the following medications were found to be expired: Xalatan drops expired 2/21/26, Triamcinolone cream expired 1/3/26. On cart 2, the following medications were found to be expired: Nitroglycerin expired 1/22/26, Fluticasone spray expired 4/7/26, Mupriocin ointment expired 12/9/26. There were no expired narcotic medications noted. Review of the Medication Administration Records (MAR) system revealed minimal missed medications, but consistent notation was made by Med Tech staff rationalizing the missed medications.

APPLICABLE RULE	
R 325.1921	**Governing bodies, administrators, and supervisors.**
	(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.**
ANALYSIS:	The allegation that the facility allows expired medications to be left on the pill cart is substantiated. The portion of the allegation alleging that expired narcotics are on the pill carts was not observed, while 6 medications were noted to be expired on the pill carts.
CONCLUSION:	**VIOLATION ESTABLISHED**

IV. RECOMMENDATION

Upon submission of an acceptable corrective action plan, I recommend no changes to the status of the license.

4/23/26

Rick Brummette Date
Licensing Staff

Approved By:

06/29/2026

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