



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
DIRECTOR

October 30, 2024

Lisa Rice
OakBrook Senior Living LLC
16013 Middlebelt Rd
Livonia, MI 48154

RE: License #: AM470418122
OakBrook Senior Living
10638 Rushton Road
South Lyon, MI 48178

Dear Ms. Rice:

Attached is the Licensing Study Report for the above referenced facility. The study has determined substantial compliance with applicable licensing statutes and rules. Your license is renewed. It is valid only at your present address and is nontransferable.

Please contact me with any questions. In the event that I am not available and you need to speak to someone immediately, you may contact the local office at (517) 284-9730.

Sincerely,

A handwritten signature in cursive script that reads "Julie Elkins".

Julie Elkins, Licensing Consultant
Bureau of Community and Health Systems
611 W. Ottawa Street
P.O. Box 30664
Lansing, MI 48909

**MICHIGAN DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
BUREAU OF COMMUNITY AND HEALTH SYSTEMS
RENEWAL INSPECTION REPORT**

I. IDENTIFYING INFORMATION

License #:	AM470418122
Licensee Name:	OakBrook Senior Living LLC
Licensee Address:	16013 Middlebelt Rd Livonia, MI 48154
Licensee Telephone #:	(716) 704-9185
Licensee Designee:	Lisa Rice
Administrator:	Lisa Rice
Name of Facility:	OakBrook Senior Living
Facility Address:	10638 Rushton Road South Lyon, MI 48178
Facility Telephone #:	(716) 704-9185
Original Issuance Date:	05/09/2024
Capacity:	12
Program Type:	AGED ALZHEIMERS

II. METHODS OF INSPECTION

Date of On-site Inspections: 10/30/2024

Date of Bureau of Fire Services Inspection if applicable: 08/28/2024

Date of Health Authority Inspection if applicable: 05/20/2024

No. of staff interviewed and/or observed 3

No. of residents interviewed and/or observed 10

No. of others interviewed 1 Role: Admin/Licensee designee

- Medication pass / simulated pass observed? Yes ☒ No ☐ If no, explain.
- Medication(s) and medication record(s) reviewed? Yes ☒ No ☐ If no, explain.
- Resident funds and associated documents reviewed for at least one resident? Yes ☒ No ☐ If no, explain.
- Meal preparation / service observed? Yes ☐ No ☒ If no, explain.
inspection was not during mealtime.
- Fire drills reviewed? Yes ☒ No ☐ If no, explain.
- Fire safety equipment and practices observed? Yes ☒ No ☐ If no, explain.
- E-scores reviewed? (Special Certification Only) Yes ☐ No ☐ N/A ☒
If no, explain.
- Water temperatures checked? Yes ☒ No ☐ If no, explain.
- Incident report follow-up? Yes ☒ No ☐ If no, explain.
- Corrective action plan compliance verified? Yes ☐ CAP date/s and rule/s:
N/A ☒
- Number of excluded employees followed-up? N/A ☒
- Variances? Yes ☐ (please explain) No ☐ N/A ☒

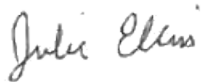
III. DESCRIPTION OF FINDINGS & CONCLUSIONS

This facility was determined to be in substantial compliance with rules and requirements.

The facility is in compliance with all applicable rules and statutes.

IV. RECOMMENDATION

I recommend issuance of a 2-year regular adult foster care license.



10/30/2024

Julie Elkins
Licensing Consultant

Date