



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
DIRECTOR

March 11, 2025

Breana Wallace
The Village of Westland, A Senior Living Community
32001 Cherry Hill Road
Westland, MI 48186-7902

RE: License #: AL820244666
Investigation #: 2025A0778016
Rose Cottage

Dear Ms. Wallace:

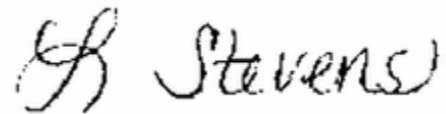
Attached is the Special Investigation Report for the above referenced facility. Due to the violations identified in the report, a written corrective action plan is required. The corrective action plan is due 15 days from the date of this letter and must include the following:

- 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 (313) 456-0380.

Sincerely,

A handwritten signature in black ink that reads "LaKeitha Stevens". The signature is written in a cursive, flowing style.

LaKeitha Stevens, Licensing Consultant
Bureau of Community and Health Systems
Cadillac Pl. Ste 9-100
3026 W. Grand Blvd
Detroit, MI 48202
(313) 949-3055

enclosure

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

I. IDENTIFYING INFORMATION

License #:	AL820244666
Investigation #:	2025A0778016
Complaint Receipt Date:	01/21/2025
Investigation Initiation Date:	01/23/2025
Report Due Date:	03/22/2025
Licensee Name:	The Village of Westland, A Senior Living Community
Licensee Address:	32001 Cherry Hill Road Westland, MI 48186-7902
Licensee Telephone #:	(734) 762-8969
Administrator:	Breana Wallace
Licensee Designee:	Breana Wallace
Name of Facility:	Rose Cottage
Facility Address:	32111 Cherry Hill Road Westland, MI 48186
Facility Telephone #:	(734) 762-8885
Original Issuance Date:	06/19/2002
License Status:	REGULAR
Effective Date:	08/29/2023
Expiration Date:	08/28/2025
Capacity:	20
Program Type:	AGED ALZHEIMERS

II. ALLEGATION(S)

	Violation Established?
On 1/19/25, Resident was sent to the hospital with symptoms suspecting food poisoning.	Yes
Additional Findings	Yes

III. METHODOLOGY

01/21/2025	Special Investigation Intake 2025A0778016
01/23/2025	Special Investigation Initiated - Telephone Telephone call made to complainant via consultant Shatonla Daniel as this complaint was initially assigned to her.
01/23/2025	APS Referral Referral received
01/23/2025	Referral - Recipient Rights No jurisdiction
01/27/2025	Contact - Telephone call made Telephone call made to complainant
01/29/2025	Contact - Face to Face Unannounced onsite inspection
01/29/2025	Contact - Face to Face Face to face with Breana Wallace, licensee designee.
03/11/2025	Exit Conference
03/11/2025	Inspection Completed-BCAL Sub. Compliance

ALLEGATION: On 1/19/25, Resident was sent to the hospital with symptoms suspecting food poisoning.

INVESTIGATION: On 01/27/2025, I completed a telephone interview with the complainant. The complainant stated Resident A was recently transferred to this facility and he has observed problems with how they handle food. He indicated Resident A is currently hospitalized with E-Coli that's suspected from mishandling of food. The complainant stated he has observed staff not immediately serving food once it arrives to the facility, staff not wearing gloves or washing their hands prior to serving and staff failing to complete food temperature checks.

On 01/29/2025, I completed an unannounced on-site investigation at the facility. Staff, Tammy Koval and Rushanda Barnett were on shift. When I entered the facility, I observed two breakfast plates on the stove covered in plastic wrap. I was informed by Tammy these were extra plates from breakfast in case someone wanted more to eat. I arrived at the facility at 11:00 a.m. I was informed by staff, Rushanda breakfast was served around 8:15 a.m. These plates consisted of scramble eggs, potatoes, peppers, onion and cheese. The food remained on the stove throughout my inspection.

Lunch arrived at 11:28 a.m. The lunch arrived hot and was transported to the facility in a brown front loading insulated food pan carrier. Staff took the food out the container and placed it on both the countertop and inside of a cold oven to sit. The food remained in those areas until 12:15 p.m. when I asked both staff what time they planned to feed the residents. Staff, Rushanda Barnett stated, "I served breakfast, it's her turn." Staff, Tammy Koval began to fix plates one at a time, reheating the food in the microwave and staff Rushanda served the plates to the residents. When asked, neither staff could recall the time the food arrived or the amount of time that had passed. Lunch consisted of a taco salad. There were tortilla chips, ground beef, fiesta corn, lettuce, tomatoes, cheese and salsa. All of which remained on the countertop and inside of an off oven.

While onsite I completed a face-to-face interview with licensee designee, Breana Wallace. I informed her of the allegations and my observations. She stated the food for the facility is prepared in the main kitchen and transported to the facility. Ms. Wallace took me to observe the main kitchen. I observed the kitchen to be neat and orderly. I observed a cold and hot station. The cold station consisted of fresh veggies, salad etc. The hot station consisted of meat, sides and entrees. Both stations had digital temperature readings on them. Kitchen staff maintained a timed food log that was used for switching, rotating and expunging of food. The kitchen was equipped with several insulated food containers for proper transportation of the food. Ms. Wallace stated the expectation is the food leaves the kitchen transported to the facility and is immediately served to the residents.

I completed an exit conference with Breana Wallace. I informed her this complaint will be substantiated. Once the food arrives to the facility, staff are not ensuring its protected against contamination and spoilage. Staff are not immediately serving the food or keeping it at safe temperatures. Ms. Wallace stated she understood.

APPLICABLE RULE	
R 400.15402	Food service.
	(3) All perishable food shall be stored at temperatures that will protect against spoilage. All potentially hazardous food shall be kept at safe temperatures. This means that all cold foods are to be kept cold, 40 degrees Fahrenheit or below, and that all hot foods are to be kept hot, 140 degrees Fahrenheit or above, except during periods that are necessary for preparation and service. Refrigerators and freezers shall be equipped with approved thermometers.
ANALYSIS:	<p>During my onsite inspection I observed breakfast food to be wrapped in clear wrap and placed on the stove. This food consisted of eggs, potatoes, peppers, onion and cheese. Staff stated the food was for residents who wanted extras. At the time of my arrival the food had been out approximately three hours.</p> <p>Lunch arrived at the facility at 11:28 a.m. Lunch was removed from the insulated food container and placed on the countertop and inside of an empty off oven. The food remained in these locations until 12:15 p.m. when staff served after being prompt by questions from me.</p> <p>Staff are not ensuring food is stored at temperatures to protect against spoilage. Foods are not kept at safe temperatures.</p>
CONCLUSION:	VIOLATION ESTABLISHED

ADDITIONAL FINDINGS:

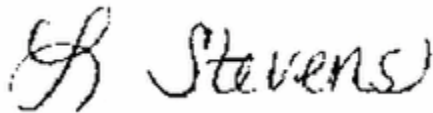
INVESTIGATION: During my onsite inspection on 01/29/2025, I spoke with staff, Rushanda Barnett and Tammy Koval regarding the condition of the second stove in the facility. Both staff indicated that stove does not work. During my face to face and exit conference with Breana Wallace she indicated she was aware of the condition of that stove. She asked and I informed her it could be repaired or removed.

APPLICABLE RULE	
R 400.15402	Food service.
	(6) Household and cooking appliances shall be properly installed according to the manufacturer's recommended safety practices. Where metal hoods or canopies are

	provided, they shall be equipped with filters. The filters shall be maintained in an efficient condition and kept clean at all times. All food preparation surfaces and areas shall be kept clean and in good repair.
ANALYSIS:	While onsite I observed a stove in the facility to not be maintained according to manufactures recommendation. The stove is not in good repair. Staff, Rushanda Barnett and Tammy Koval indicated the stove does not work.
CONCLUSION:	VIOLATION ESTABLISHED

IV. RECOMMENDATION

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



03/11/2025

LaKeitha Stevens
Licensing Consultant

Date

Approved By:



03/11/2025

Ardra Hunter
Area Manager

Date