



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

MARLON I. BROWN, DPA  
DIRECTOR

March 14, 2025

Sheila Pruzinsky  
Rose Senior Living - Clinton Township  
44003 Partridge Creek Blv  
Clinton Township, MI 48038

RE: License #: AH500337370  
**Rose Senior Living - Clinton Township**  
**44003 Partridge Creek Blv**  
**Clinton Township, MI 48038**

Dear Mrs. Pruzinsky:

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 will be renewed. It will be valid only at your present address and is nontransferable.

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 feel free to contact the local office at (517) 284-9730.

Sincerely,

A handwritten signature in cursive script that reads "Brender D. Howard".

Brender Howard, Licensing Staff  
Bureau of Community and Health Systems  
611 W. Ottawa Street  
P.O. Box 30664  
Lansing, MI 48909  
(313) 268-1788

enclosure

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

**I. IDENTIFYING INFORMATION**

<b>License #:</b>	AH500337370
<b>Licensee Name:</b>	Rose Senior Living - Clinton Township
<b>Licensee Address:</b>	PO Box 2011 38525 Woodward Avenue Bloomfield Hills, MI 48303-2011
<b>Licensee Telephone #:</b>	(651) 766-4371
<b>Authorized Representative/Administrator:</b>	Sheila Pruzinsky
<b>Name of Facility:</b>	Rose Senior Living - Clinton Township
<b>Facility Address:</b>	44003 Partridge Creek Blv Clinton Township, MI 48038
<b>Facility Telephone #:</b>	(586) 840-0840
<b>Original Issuance Date:</b>	10/01/2014
<b>Capacity:</b>	127
<b>Program Type:</b>	AGED ALZHEIMERS

## II. METHODS OF INSPECTION

Date of On-site Inspection(s): 03/13/2025

Date of Bureau of Fire Services Inspection if applicable:

Inspection Type: ☐ Interview and Observation ☒ Worksheet  
☐ Combination

Date of Exit Conference: 03/13/2025

No. of staff interviewed and/or observed 12

No. of residents interviewed and/or observed 61

No. of others interviewed 2 Role Residents' family members

- Medication pass / simulated pass observed? Yes ☒ No ☐ If no, explain.
- Medication(s) and medication records(s) reviewed? Yes ☒ No ☐ If no, explain.
- Resident funds and associated documents reviewed for at least one resident? Yes ☐ No ☒ If no, explain. No funds held
- Meal preparation / service observed? Yes ☒ No ☐ If no, explain.
- Fire drills reviewed? Yes ☐ No ☒ If no, explain.  
Interviewed staff on the policy and procedure.
- Water temperatures checked? Yes ☒ No ☐ If no, explain.
- Incident report follow-up? Yes ☐ IR date/s: N/A ☒
- Corrective action plan compliance verified? Yes ☐ CAP date/s and rule/s:  
11/03/2023 20241022009 20175(1); 02/12/2024 204A0784031 1931(2);  
09/17/2024 2024A0585083 1931(2)
- Number of excluded employees followed up? 6 N/A ☐

### III. DESCRIPTION OF FINDINGS & CONCLUSIONS

The facility was found to be in substantial compliance with the public health code and administrative rules regulating home for the aged facilities.

### IV. RECOMMENDATION

Renewal of the license is recommended.

*Brenden L. Howard*

03/14/2025

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Date

Licensing Consultant