



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
DIRECTOR

March 26, 2025

Nozmi Elder
Cedar Woods Assisted Living
44401 I-94 S Service Dr
Belleville, MI 48111

RE: License #: AH820304947
Investigation #: 2025A1035039
Cedar Woods Assisted Living

Dear Nozmi Elder:

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) 284-9730.

Sincerely,

Jennifer Heim, Licensing Staff
Bureau of Community and Health Systems
611 W. Ottawa Street
P.O. Box 30664
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 #:	AH820304947
Investigation #:	2025A1035039
Complaint Receipt Date:	03/04/2025
Investigation Initiation Date:	03/06/2025
Report Due Date:	05/03/2025
Licensee Name:	Willow Commons, LLC
Licensee Address:	44401 I-94 S. Service Dr. Belleville, MI 48111
Licensee Telephone #:	(734) 699-2900
Administrator:	Nozmi Elder
Authorized Representative:	Robin Wojtowicz
Name of Facility:	Cedar Woods Assisted Living
Facility Address:	44401 I-94 S Service Dr Belleville, MI 48111
Facility Telephone #:	(734) 699-2900
Original Issuance Date:	05/21/2010
License Status:	REGULAR
Effective Date:	08/01/2024
Expiration Date:	07/31/2025
Capacity:	210
Program Type:	ALZHEIMERS AGED

II. ALLEGATION(S)

	Violation Established?
Facility neglected to implement safety measures to limit/ prevent Resident A's fall occurrences and skin breakdown.	Yes
Additional Findings	No

III. METHODOLOGY

03/04/2025	Special Investigation Intake 2025A1035039
03/06/2025	Special Investigation Initiated - Letter
03/11/2025	Contact - Face to Face
03/25/2025	Inspection Complete BCAL Sub Compliance.
03/26/2025	Exit Conference.

ALLEGATION:

Facility neglected to implement safety measures to limit/ prevent Resident A's fall occurrences and skin breakdown.

INVESTIGATION:

On March 4, 2025, the Department received a complaint through the online complaint system which read:

"In March 2024, Resident A fell when they were going to bathroom and had to get staples in her head. In April Resident A was sent to hospital for open wound on left heel. Resident A had another open wound on her right heel and had to go to the hospital again. Resident A was admitted again and had an open wound on her side and heel."

On March 5, 2025, a phone interview was conducted with Complainant. Complainant states Resident A had bilateral heel pressure ulcers and a pressure ulcer on her buttocks that formed at Cedar Woods Assisted Living. Resident A had multiple falls that required hospital visits and rehabilitation services at a rehab center. Post rehabilitation services Resident A returned to Cedar Woods with Home Care nursing services 1 x per week and therapy services. Complainant states the facility failed to reposition Resident A and implement preventative measures to reduce fall

occurrences and prevent/ limit skin breakdown. On October 3, 2024, Resident A was taken to local hospital for further evaluation of wounds on bilateral heels and buttock. Resident A expired October 5, 2024.

On March 11, 2025, an onsite investigation was conducted. While onsite I interviewed Robin Wojtowicz Administrator who states the facility currently has one resident receiving wound care services, this resident is currently at the hospital and not expected to return. Robin states Resident A was receiving wound care services by home care nurse and outpatient wound care clinical. Family A often took Resident A home for day visits and transported Resident A to wound care appointments. Robin states the home “did not have anything to do with” Resident A’s wounds. Robin provided incident and accident investigation forms for all fall occurrences stating all investigations are worked on collaboratively with team.

While onsite I interviewed Staff Person 1 (SP1) who states she is unaware of the company Resident A was receiving wound care services through family addresses all appointments and additional care.

Through record review of shower sheet for March 2024 through September 2024 no documentation noted related to open areas on bilateral heels nor buttock. Shower sheet section “body assess” noted with check marks on occasion without further documentation of skin abnormalities.

Through record review of services plan there is no indication of pressure ulcers to bilateral heel and buttocks, no preventative measures for falls nor pressure ulcers reduction/ prevention noted. Resident A’s service plan has minimal information related to care required to meet the Resident’s needs.

Through record review of incident and accident reports, Resident A fell or was observed on the floor 14 times from February 2024 through August 2024. Multiple recurrent corrective measures include “encourage resident to use her pendant, medication review, PT/OT to eval, and physician to assess next visit.” No acute intervention noted to prevent immediate concerns related to recurrent fall occurrences.

Through record review of progress notes, Resident A admitted to facility 2/19/2024, with no indication of skin concerns or pressure ulcers. Fifteen fall occurrences noted in progress notes. On July 15, 2024, note indicates Resident A was sent to hospital related to cellulitis and right heel ulcer. On August 21, 2024, note indicates Trinity Home Health Care nurse is providing pressure ulcer care to heel twice a week and spouse will complete treatment on “other days.” September 3, 2024, Resident A returned from wound care physician appointment with new treatment orders to buttock, spouse informed at this time facility is unable to complete wound care services. On October 3, 2024, Resident A was taken to the hospital by spouse for further evaluation. On October 7, 2024, note indicate Resident A expired October 5, 2024.

APPLICABLE RULE	
R 325.1921	Governing bodies, administrators, and supervisors.
	<p>(1) The owner, operator, and governing body of a home shall do all of the following:</p> <p>(b) Assure that the home maintains an organized program to provide room and board, protection, supervision, assistance, and supervised personal care for its residents.</p>
ANALYSIS:	<p>Through record review and interview, Resident A had pressure ulcers to bilateral heels and buttock. Wound care services were provided by wound clinic and home care services. No preventive interventions were documented on services plan; no documentation noted related to skin condition within progress notes. Fifteen fall occurrences noted in progress notes and incident accident reports without acute interventions to reduce or prevent further fall occurrences.</p> <p>Based on information noted above this violation has been substantiated.</p>
CONCLUSION:	VIOLATION ESTABLISHED

IV. RECOMMENDATION

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



03/17/2025

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

Approved By:



03/25/2025

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