



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
DIRECTOR

May 22, 2025

Michael Dyki
Flourish Collection at Oakland Charter Twp
3215 Silverbell Rd.
Oakland Twp, MI 48306

RE: License #: AH630396969
Investigation #: 2025A1035045
Flourish Collection at Oakland Charter Twp

Dear Michael Dyki:

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.

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,

Jennifer Heim, Licensing Staff
Bureau of Community and Health Systems
611 W. Ottawa Street
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 #:	AH630396969
Investigation #:	2025A1035045
Complaint Receipt Date:	04/01/2025
Investigation Initiation Date:	04/01/2025
Report Due Date:	06/01/2025
Licensee Name:	Blossom Ridge, LLC
Licensee Address:	3005 University Drive Auburn Hills, MI 48326
Licensee Telephone #:	(248) 340-9400
Authorized Representative/ Administrator:	Michael Dyki
Name of Facility:	Flourish Collection at Oakland Charter Twp
Facility Address:	3215 Silverbell Rd. Oakland Twp, MI 48306
Facility Telephone #:	(248) 601-0505
Original Issuance Date:	11/23/2020
License Status:	REGULAR
Effective Date:	08/01/2024
Expiration Date:	07/31/2025
Capacity:	56
Program Type:	ALZHEIMERS AGED

II. ALLEGATION(S)

	Violation Established?
Poor resident care and resident abuse.	Yes
The facility has poor staffing.	No
Staff had not received core components of education related to resident rights and abuse.	Yes

The complainant identified some concerns that were not related to licensing rules and statutes for a home for the aged. Therefore, only specific items pertaining to homes of the aged provisions of care were considered for investigation. The following items were that that could be considered under the scope of licensing.

III. METHODOLOGY

04/01/2025	Special Investigation Intake 2025A1035045
04/01/2025	Special Investigation Initiated - Letter
04/28/2025	Contact - Face to Face
05/22/2025	Inspection Complete BCAL Sub Compliant.
05/22/2025	Exit Conference.

ALLEGATION:

Poor resident care and resident abuse.

INVESTIGATION:

On April 1, 2025, the Department received an anonymous complaint through the online complaint system which read:

“There has been suspected resident abuse and neglect in this facility due to improper management. And lack of care for the senior citizens here and ongoing abuse towards the senior residents here in this facility”.

On April 1, 2025, the Department received an additional anonymous complaint through the online complaint system which read:

“There have been constant reports about Staff Person (SP)1 sexually abusing residents and physically abusing them and also having lack of staff to support them on an everyday basis.”

On April 22, 2025, the Department received an additional anonymous complaint through the online complaint system which read:

“SP2 works midnight shift at this facility and doesn’t do her job accordingly or take precaution when she assists the residents here who are in need of her assistance elsewhere.”

On April 28, 2025, an onsite investigation was conducted. While onsite I interviewed Mike Dyki Administrator who states he is unaware of any accusations related to resident abuse. Mike continues to state staff take good care of the residents.

While onsite I interviewed SP3 who states she is new to her position and is unaware of any accusations related to abuse and poor quality of care.

While onsite I interviewed SP4 who states she has no concerns related to resident abuse. If abuse is suspected or witnessed, then she would inform the Wellness Director or Supervisor and ensure the resident is safe.

While onsite I interviewed SP5 who states, “there was an incident not too long ago where she witnessed another SP2 place a stuffed animal over Resident A’s mouth to muffle her from yelling out.” SP5 states she promptly contacted the Wellness Director via text to inform her of the incident. SP5 states the facility terminated this employee soon after the event.

While onsite I interviewed SP6 who states she started in February, staff assist each other and take good care of the residents.

While onsite I interviewed SP1 who states she is unaware of resident abuse and poor quality of care being provided. This writer asked SP1 about the incident occurring with Resident A and she stated she had received a text message reporting the incident, but she had not read it until the following morning. SP1 was able to provide the incident and accident report related to this incident as well as Resident A’s progress notes. SP1 states the employee involved was terminated.

While onsite approximately six residents observed in activities and ten residents observed on the memory care unit. All observed residents dressed appropriately and well groomed.

While onsite I interviewed Resident B who states her care is good and she feels safe in the home.

While onsite I interviewed Resident C's family member who states Resident C is only able to answer basic questions, but she is happy with the care being provided. Family C states she had moved Resident C to a different facility but had returned related to the quality of care being provided at Flourish Collection.

Through record review of incident and accident report on 4/1/2025 SP5 "notified me that while providing bedtime ADL with SP2 she grabbed a stuffed animal and covered Resident A's mouth with it. Then stated to SP5 that she did not have the patience to listen to all her screaming." Incident report stated "911 must be offered" no indication stating law enforcement or further evaluation occurred. The incident report does not indicate family was notified. Corrective action taken, SP2 was terminated.

Through record review text message sent to Wellness Director April 1, 2025, at 7:00 PM stating "Don't be surprised if Resident A's husband complains about the treatment his wife received from SP2. She literally is so rough turning her and while she was screaming, she shoved a stuffed animal in her mouth saying she ain't got the patience for her. I explained she shouldn't be in this field and asked her how she was going to be a nurse, and she said that she wouldn't have to deal with the same people every day."

Through record review of SP2 employee file there was no education observed related to resident rights and resident abuse. The employee file did not contain a competency check list nor core education being provided. SP2 file did have an additional incident related to a resident obtaining a bruise to their cheek during ADL care where a coaching and conference write up was given to SP2.

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:	<p>Through record review the facility did not follow their Standard Operation Procedure. Mike Dyke Administrator stated he was unaware of an abuse incident occurring during initial interview. Progress notes do not address the abuse that occurred. Incident and Accident report does not indicate police authority, family, nor primary care provider were notified. There was a delay in response to reports of abuse. The Wellness Director states she seen the message but did not read the message until the following day.</p> <p>The internal investigation started approximately 13 hours after notification of alleged abuse.</p> <p>Due to the anonymous nature of the complaint, I was unable to obtain additional information from the complainant. There is no indication that sexual assault occurred.</p> <p>Based on the information noted above this allegation has been substantiated.</p>
CONCLUSION:	VIOLATION ESTABLISHED

ALLEGATION:

The facility has poor staffing.

INVESTIGATION:

On April 1, 2025, the Department received an anonymous complaint through the online complaint system which stated:

The facility lacks staff to support them on an everyday basis.

On April 28, 2025, an onsite investigation was conducted. While onsite I interviewed SP7 who states the facility staffing goals are eight care staff on dayshift and afternoons and four care staff on midnights.

While onsite I interviewed SP4, and SP6 who stated the team works well together and the facility staffing levels are decent.

While onsite I interviewed SP5 who states the staffing “could be better.” SP5 continues to state that the facility is attempting to hire.

Through record review of staffing schedules April 13, 2025, through April 28, 2025, the facility schedules according to their staffing goals. Multiple call ins and no call no

shows are noted on staffing sheets, handwritten names added to assignment sheets to cover call ins and no call no show openings.

APPLICABLE RULE	
R 325.1931 (5)	Employees; general provisions.
	(5) The home shall have adequate and sufficient staff on duty at all times who are awake, fully dressed, and capable of providing for resident needs consistent with the resident service plans.
ANALYSIS:	<p>The facility is staffed according to their staffing goals. Observed residents well-groomed and dressed appropriately. Staff interviewed state that the team works well together to meet the needs of the residents. The facility continues to interview and hire to maintain staffing goals.</p> <p>Based on the information noted above this allegation has not been substantiated.</p>
CONCLUSION:	VIOLATION NOT ESTABLISHED

ADDITIONAL FINDINGS:

Staff had not received core components of education related to resident rights and abuse.

INVESTIGATION:

Through record SP2, SP5, and SP6 did not have documented training education with competency check off in their employee files.

Through interview SP5 states she received minimal training related to poor staffing and being placed on a set to provide care to residents independently.

Through interview SP6 states she has not received formal training at the facility.

APPLICABLE RULE	
R 325.1931	Employees; general provisions.
	<p>(6) The home shall establish and implement a staff training program based on the home's program statement, the residents service plans, and the needs of employees, such as any of the following:</p> <p>(a) Reporting requirements and documentation.</p> <p>(b) First aid and/or medication, if any.</p>

	<p>(c) Personal care.</p> <p>(d) Resident rights and responsibilities.</p> <p>(e) Safety and fire prevention.</p> <p>(f) Containment of infectious disease and standard precautions.</p> <p>(g) Medication administration, if applicable.</p>
ANALYSIS:	<p>Through record review, SP2, SP5, and SP6 did not have documented education with competency check off in their employee files.</p> <p>Through interview, two staff members stated they had not received formal training.</p> <p>Based on the information noted above this allegation 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 remains unchanged.



05/21/2025

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

Approved By:



05/22/2025

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