



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
DIRECTOR

June 16, 2025

Hemant Shah
Cranberry Park West Bloomfield LLC
Suite 230
25500 Meadowbrook Rd
Novi, MI 48375

RE: License #: AH630402042
Cranberry Park of West Bloomfield
2450 Haggerty Rd
West Bloomfield, MI 48323

Dear Licensee:

Attached is the Renewal Licensing Study Report for the facility referenced above. The violations cited in the report require the submission of a written corrective action plan. 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 dates 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 home for the aged authorized representative and a date.

Upon receipt of an acceptable corrective action plan, a regular license will be issued. If you fail to submit an acceptable corrective action plan, disciplinary action will result. 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 877-458-2757.

Sincerely,

Jessica Rogers, Licensing Staff
Bureau of Community and Health Systems
611 W. Ottawa Street
P.O. Box 30664
Lansing, MI 48909

enclosure

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

I. IDENTIFYING INFORMATION

License #:	AH630402042
Licensee Name:	Cranberry Park West Bloomfield LLC
Licensee Address:	Suite 230 25500 Meadowbrook Rd Novi, MI 48375
Licensee Telephone #:	(248) 692-4355
Authorized Representative:	Hemant Shah
Administrator/Licensee Designee:	Pamela Skatzka
Name of Facility:	Cranberry Park of West Bloomfield
Facility Address:	2450 Haggerty Rd West Bloomfield, MI 48323
Facility Telephone #:	(248) 671-4204
Original Issuance Date:	03/10/2022
Capacity:	53
Program Type:	ALZHEIMERS AGED

II. METHODS OF INSPECTION

Date of On-site Inspection(s): 06/10/2025

Date of Bureau of Fire Services Inspection if applicable: 11/08/2024

Inspection Type: ☐ Interview and Observation ☒ Worksheet
☐ Combination

Date of Exit Conference: 6/16/2025

No. of staff interviewed and/or observed 10

No. of residents interviewed and/or observed 15

No. of others interviewed 0 Role N/A

- 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 resident funds held in trust.
- Meal preparation / service observed? Yes ☒ No ☐ If no, explain.
- Fire drills reviewed? Yes ☐ No ☒ If no, explain.
Bureau of Fire Services reviews fire drills. Disaster plan reviewed.
- 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: CAP dated 9/1/2022 to Renewal LSR dated 8/26/2022: 333.20201(I), 333.20201(2)(d), R 325.1921(1)(b), R 325.1922(5), R 325.1923(2), R 325.1932(1), R 325.1954, R 325.1973(1), R 325.1976(8)
- CAP dated 6/2/2023 to SIR 2023A0585036 dated 5/31/2023: R 325.1921(1)(b), R 325.1913(2)
- CAP dated 5/13/2024 to SIR 2024A1027048 dated 5/8/2024: R 325.1931(2), R 325.1953(1)(2)
- CAP dated 10/25/2024 to SIR 2025A1027002 dated 10/18/2024: R 325.1932(2)
- CAP dated 2/25/2025 to SIR 2025A1019029 dated 2/6/2025: R 325.1932(3)(b), R 325.1932(2)
- Number of excluded employees followed up? 8 N/A ☐

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

This facility was found to be in non-compliance with the following rules:

MCL 333.20178 **Nursing home, home for the aged, or county medical care facility; description of services to patients or residents with Alzheimer's disease; contents; represents to the public defined.**

(1) Beginning not more than 90 days after the effective date of the amendatory act that added this section, a health facility or agency that is a nursing home, home for the aged, or county medical care facility that represents to the public that it provides inpatient care or services or residential care or services, or both, to persons with Alzheimer's disease or a related condition shall provide to each prospective patient, resident, or surrogate decision maker a written description of the services provided by the health facility or agency to patients or residents with Alzheimer's disease or a related condition. A written description shall include, but not be limited to, all of the following:

(d) Staff training and continuing education practices.

Review of employee files revealed the home did not provide staff training or ongoing education on Alzheimer's disease in accordance with the requirements outlined in the Public Health Code.

VIOLATION ESTABLISHED.

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.

**For Reference:
R 325.1901**

Definitions.

(p) "Protection" means the continual responsibility of the home to take reasonable action to ensure the health, safety, and well-being of a resident as indicated in the resident's service plan, including protection from physical harm, humiliation, intimidation, and social, moral, financial, and personal exploitation while on the premises, while under the supervision of the home or an agent or employee of the home, or when the resident's service plan states that the resident needs continuous supervision.

An interview with Administrator Pamela Skatzka revealed that Resident A had a bedside assistive device installed. Additionally, a medication technician reported that memory care Resident B also had a bedside assistive device in use. Upon observation, Resident A's device was identified as a Halo ring, affixed directly to the left side of her bed frame without a netted covering to protect the gaps. Resident B's assistive device consisted of bilateral slatted half rails, also directly attached to the bed frame. These rails lacked any covering, and the spacing between the slats was large enough to pose a potential risk of limb entrapment. The administrator acknowledged that these devices were prohibited and stated that the device on Resident B's bed was removed the same day.

A review of both Resident A and B's records found no physician orders for use of these bedside assistive devices. Furthermore, their service plans did not reference the devices and lacked essential details regarding their use. Specifically, the plans did not include information about care and maintenance of the devices, how residents would summon staff assistance, or procedures for ongoing monitoring. There were also no protocols outlined for trained staff to inspect the devices, ensure appropriate gap measurements, or take other safety precautions to prevent risks such as entrapment, entanglement, or strangulation. Additionally, the home lacked a bedside assist device policy for staff to follow.

Based on these findings, the home did not adequately ensure resident safety and protection in relation to the use of these devices; therefore, a violation was established.

REPEAT VIOLATION ESTABLISHED.

[For reference, see licensing study report (LSR) dated 8/6/2022, CAP dated 9/1/2022]

R 325.1922

Admission and retention of residents.

(5) A home shall update each resident's service plan at least annually or if there is a significant change in the resident's care needs. Changes shall be communicated to the resident and his or her authorized representative, if any.

The administrator Pamela Skatzka was unable to provide communication to Residents C, D, E and F's authorized representatives regarding their service plans being updated.

REPEAT VIOLATION ESTABLISHED.

[For reference, see licensing study report (LSR) dated 8/6/2022, CAP dated 9/1/2022]

R 325.1923 Employee's health.

(2) A home shall provide initial tuberculosis screening at no cost for its employees. New employees shall be screened within 10 days of hire and before occupational exposure. The screening type and frequency of routine tuberculosis (TB) testing shall be determined by a risk assessment as described in the 2005 MMWR ?Guidelines for Preventing the Transmission of Mycobacterium tuberculosis in Health-Care Settings, 2005? (<http://www.cdc.gov/mmwr/pdf/rr/rr5417.pdf>), Appendices B and C, and any subsequent guidelines as published by the centers for disease control and prevention. Each home, and each location or venue of care, if a home provides care at multiple locations, shall complete a risk assessment annually. Homes that are low risk do not need to conduct annual TB testing for employees.

Employees #1, #2, and #3's records showed a showed a tuberculosis (TB) screening questionnaire was completed; however, lacked TB testing within 10 days of hire and prior to occupational exposure.

REPEAT VIOLATION ESTABLISHED.

R 325.1931 Employees; general provisions.

(3) The home shall designate 1 person on each shift to be supervisor of resident care during that shift. The supervisor of resident care shall be fully dressed, awake, and on the premises when on duty.

The staff schedule did not identify a designated shift supervisor responsible for resident care. The administrator stated that, although not indicated on the schedule, the role was typically assigned to the assisted living medication technician. However, there were instances when two medication technicians were on duty simultaneously, making the designation unclear.

VIOLATION ESTABLISHED.

R 325.1932 Resident medications.

(2) Prescribed medication managed by the home shall be given, taken, or applied pursuant to labeling instructions, orders and by the prescribing licensed health care professional.

A review was conducted of the May 2025 Medication Administration Records (MARs) and corresponding narcotic count logs for Residents C, D, E, and F. The following discrepancies and issues were identified:

Resident C:

- The resident was prescribed two PRN (as needed) pain medications: Meloxicam and Tramadol. The orders did not specify guidance for staff regarding when to administer one medication over the other, whether they should be given together, separately, or based on the severity of pain (e.g., mild, moderate, or severe).

Resident D:

- The resident was prescribed Lorazepam and Prochlorperazine, both for anxiety and agitation. The orders did not clarify administration guidelines—whether one was preferred over the other, if they were to be used concurrently, or spaced apart.
- Additionally, the PRN medication Hyoscyamine lacked a specified indication for use on the MAR.

Resident F:

- The resident was prescribed two PRN pain medications: Acetaminophen and Hydrocodone. The orders did not differentiate administration for staff based on pain severity or provide direction for administering one versus the other, whether concurrently or separately.

The PRN medication orders lacked sufficient guidance for staff regarding appropriate use; therefore, a violation was substantiated.

REPEAT VIOLATION ESTABLISHED.

[For reference, see licensing study report (LSR) dated 8/6/2022, CAP dated 9/1/2022]

R 325.1954 Meal and food records.

The home shall maintain a record of the meal census, to include residents, personnel, and visitors, and a record of the kind and amount of food used for the preceding 3-month period.

The home's meal census documented the type of food served and the residents who received each meal; however, it did not include the amount of food provided.

REPEAT VIOLATION ESTABLISHED.

[For reference, see licensing study report (LSR) dated 8/6/2022, CAP dated 9/1/2022]

R 325.1976 Kitchen and dietary.

(13) A multi-use utensil used in food storage, preparation, transport, or serving shall be thoroughly cleaned and sanitized after each use and shall be handled and stored in a manner which will protect it from contamination.

The home utilized a heat-based dishwasher, and a three-compartment sink with chemical sanitation; however, there was no documented testing to verify that temperature and sanitation levels met required standards. As a result, the facility could not confirm that utensils were adequately protected from contamination.

VIOLATION ESTABLISHED.

IV. RECOMMENDATION

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



06/16/2025

Date

Licensing Consultant