GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
DIRECTOR

July 23, 2025

Kimberly Wozniak
The Bradford Senior Living
2080 S. Telegraph Rd
Bloomfield Hills, MI 48302

RE: License #: AH630399613

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. Failure to submit an acceptable corrective action plan may result in disciplinary action. 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 of the home for the aged authorized representative and a date.

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) 335-5985.

Sincerely,

Elizabeth Gregory-Weil, Licensing Staff
Bureau of Community and Health Systems
611 W. Ottawa Street
P.O. Box 30664
Lansing, MI 48909
(810) 347-5503

enclosure

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

I. IDENTIFYING INFORMATION

License #:	AH630399613
Licensee Name:	Square Lake Care Operations, LLC
Licensee Address:	940 Monroe Ave., NW, Suite 144 Grand Rapids, MI 49503
Authorized Representative:	Kimberly Wozniak
Administrator:	John Juroe
Name of Facility:	The Bradford Senior Living
Facility Address:	2080 S. Telegraph Rd Bloomfield Hills, MI 48302
Facility Telephone #:	(248) 972-0800
Original Issuance Date:	01/08/2020
Capacity:	114
Program Type:	ALZHEIMERS AGED

II. METHODS OF INSPECTION

Date of On-site Inspection(s): 07/10/2025

Date of Bureau of Fire Services Inspection if applicable: 05/06/2024

Inspection Type: ☐Interview and Observation ☒Worksheet ☐Combination

Date of Exit Conference: 07/23/2025

No. of staff interviewed and/or observed 18
No. of residents interviewed and/or observed 39
No. of others interviewed 0 Role

- 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. The facility does not hold resident funds in trust.
- Meal preparation / service observed? Yes ☒ No ☐ If no, explain.

- Fire drills reviewed? Yes ☐ No ☒ If no, explain.
  The Bureau of Fire Services is responsible for reviewing fire drills.
- 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:
  Compliance not verified, as this report contains multiple repeat violations.
- Number of excluded employees followed up? 1 N/A ☐

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

This facility was found to be in non-compliance with the following public health code statute(s) and administrative rules regulating home for the aged facilities:	
MCL 333.20201	**Policy describing rights and responsibilities of patients or residents; adoption; posting; contents; additional requirements; discharging, harassing, retaliating, or discriminating against patient exercising protected right; exercise of rights by patient's representative; informing patient or resident of policy; designation of person to exercise rights and responsibilities; additional patients' rights; definitions.**
	(1) A health facility or agency that provides services directly to patients or residents and is licensed under this article shall adopt a policy describing the rights and responsibilities of patients or residents admitted to the health facility or agency. Except for a licensed health maintenance organization that is subject to chapter 35 of the insurance code of 1956, 1956 PA 218, MCL 500.3501 to 500.3573, the health facility or agency shall post the policy at a public place in the health facility or agency and shall provide the policy to each member of the health facility or agency staff. Patients or residents shall be treated in accordance with the policy.
The facility did not have their resident rights policy posted.	
R 325.1922	**Admission and retention of residents.**
	(1) A home shall have a written resident admission contract, program statement, admission and discharge policy and a resident's service plan for each resident.

The facility underwent a change of ownership that was processed on 06/24/2024, which included a change to the licensee organization. Review of resident admission contracts reveal that Resident A, B and C's contracts were not updated to reflect the new ownership entity, thus making the contracts between the residents and a limited liability corporation that differs from that of the current licensee.

Review of resident files reveals that Resident D did not have a service plan in place. Resident D moved into the facility on 12/15/24 and staff were utilizing his preadmission assessment as a service plan. Per the administrator John Juroe, the assessment lacked pertinent detail pertaining to Resident D's care and did not accurately reflect all the assistance staff provide to him.

R 325.1922	**Admission and retention of residents.**
	(7) An individual admitted to residence in the home shall have evidence of tuberculosis screening on record in the home that was performed within 12 months before admission. Initial screening may consist of an intradermal skin test, a blood test, a chest x-ray, or other methods recommended by the public health authority. 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. A 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 have to conduct annual TB testing for residents.

Review of resident files reveals that Resident B, C, D, E and F's TB testing was not completed within 12 months prior to admission. For example, Resident B moved into the facility on 11/30/21, and her TB test was completed on 12/15/21.

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.

Review of Employee files reveal that Employees 1, 2, 3 and 4's initial TB testing was not completed within 10 days of hire. Employee 1 was hired on 3/13/24, and his TB test was completed on 7/25/23. Employee 2 was hired on 8/7/24, and her TB test was completed on 6/13/24. Employee 3 was hired on 6/5/24, and her TB test was completed on 5/10/24. Employee 4 was hired on 6/17/24, and her TB test was completed on 6/4/24.

[REPEAT 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. **(3) Staff who supervise the administration of medication for residents who do not self-administer shall comply with all of the following:** **(b) Complete an individual medication log that contains all of the following information:** **(v) The initials of the individual who administered the prescribed medication.**

Medication administration records (MAR) were reviewed for the previous five weeks. The following observations were made:

Resident A missed a scheduled dose of Eliquis and genteal on 6/7/25 and missed a dose of norco on 7/6/25. Staff failed to document a reason for the missed doses and the MAR was left blank in these instances.

Resident B missed a scheduled dose of calmoseptine on 6/28/25. Staff failed to document a reason for the missed dose and the MAR was left blank in this instance.

Resident C missed a scheduled dose of amlodipine from 6/24/25-7/7/25, 7/9/25 and 7/10/25. Staff documented the reason for the missed doses as "*med not available*" or "*awaiting med arrival from pharmacy*". In follow-up correspondence with the administrator, staff reported that the medication was reordered on 6/26/25 and delivered to the facility on 7/11/25. A reason was not provided as to why the medications were not proactively reordered prior to running out. Staff documented that the medication was administered to Resident C on 7/8/25, which is considered to be a documentation error. Resident C missed a scheduled dose of asmanex on 6/24/25. Staff documented the reason for the missed dose as "*med not available*". In follow-up correspondence, the licensee reported that the medication was available, but staff did not realize it was being kept in the nurse's office on another floor of the building. Resident C missed a scheduled dose of aspirin on 6/27/25 and 6/28/25. Staff documented the reason for the missed doses as "*med not available*" and "*awaiting med arrival from pharmacy*". In follow-up correspondence, the licensee reported that the medication was available, but staff did not realize it was being kept in the nurse's office on another floor of the building. Resident C missed a dose of duloxetine on 6/23/25. Staff documented the reason for the missed dose as "*med not available*". In follow-up correspondence, the licensee reported that the medication was available, but staff did not realize it was being kept in the nurse's office on another floor of the building. Resident C missed a scheduled dose of ezetimibe on 6/21/25 and 6/23/25. Staff documented the reason for the missed doses as "*med not available*". In follow-up correspondence, the licensee reported that the medication was available, but staff did not realize it was being kept in the nurse's office on another floor of the building. Staff documented that this medication was administered to the resident on 6/22/25, which was reported as a documentation error. Resident C missed a scheduled dose of Januvia on 6/20/25 and 6/30/25. Staff documented the reason for the missed doses as "*med not available*". In follow-up correspondence, the licensee reported that the medication was available, but staff did not realize it was being kept in the nurse's office on another floor of the building. Resident C missed a scheduled dose of jardiance on 6/29/25. Staff documented the reason for the missed dose as *"awaiting med arrival from pharmacy*". In follow-up correspondence, the licensee reported that the medication was available, but staff did not realize it was being kept in the nurse's office on another floor of the building. Resident C missed schedules doses of lidocaine on 6/11/25, 6/19/25, 6/22/25, 6/27/25, 6/28/25, 6/29/25, 7/1/25, 7/4/25 and 7/9/25. Staff documented the reason for the missed doses as "*med not available*" and "*awaiting med delivery from pharmacy".* Facility staff could not confirm which dates the medication became unavailable and could not confirm when it was delivered to the facility. It is likely some of the noted administrations of this medication are documentation errors, but the facility lacked supporting documentation to confirm this. Resident C missed one or more scheduled doses of lorazepam on 6/19/25-7/9/25. Resident C is to take this medication twice daily and facility staff documented that both doses were missed on 6/19/25, 6/21/25, 6/22/25,

6/24/25, 6/27/25, 6/28/25, 6/29/25, 7/2/25, 7/3/25, 7/4/25, 7/6/25 and 7/8/25 but staff documented intermittently that one dose was administered on 6/20/25, 6/23/25, 6/25/25, 6/26/25, 6/30/25, 7/1/25, 7/5/25 and 7/7/25. Staff documented the reason for the missed doses as "*med not available*" and "*awaiting med delivery from pharmacy*." In follow-up correspondence, the licensee reported that the medication ran out on 6/18/25 and confirmed it was delivered to the facility on 7/11/25. All documented administrations of the medications from 6/19/25-7/11/25 are considered to be documentation errors. Resident C missed a scheduled dose of losartan on 6/14/25 and 6/15/25. Staff documented the reason for the missed doses as "*med not available*". In follow-up correspondence, the licensee reported that the medication was available, but staff did not realize it was being kept in the nurse's office on another floor of the building. Resident C missed a scheduled dose of memantine and nuplazid on 6/6/25, 6/10/25, 6/11/25, 6/12/25, 6/14/25-7/10/25. Staff documented the reason for the missed doses as "*med not available*" and "*awaiting med delivery from pharmacy*." In follow-up correspondence with the administrator, staff reported that the medication was reordered on 6/26/25 and delivered to the facility on 7/11/25. A reason was not provided as to why the medications were not proactively reordered prior to running out. Staff documented intermittently that the medication was administered to the resident on 6/7/25, 6/8/25, 6/9/25 and 6/13/25. All documented administrations of the medications from 6/6/25-7/11/25 are considered to be documentation errors. Resident C missed a scheduled dose of senna from 6/16/25-6/28/25. Staff documented the reason for the missed doses as "*med not available*" and "*awaiting med delivery from pharmacy*." In follow-up correspondence, the licensee reported that the medication became available on 6/28/25 but could not confirm when a refill was initially requested.

Resident D missed a scheduled dose of aspirin and docusate on 6/14/25, 6/15/25 and 7/1/24 and missed a scheduled dose of trazodone on 6/16/25, 6/19/25 and 6/24/25. Staff failed to document a reason for the missed doses and the MAR was left blank in these instances.

Resident E missed a scheduled dose of amlodipine, buspirone, fluticasone, losartan and sertraline on 7/4/25. Staff documented the reason for the missed doses as "med not available" in all instances. In follow-up correspondence with the administrator, staff reported that the medications were available and are all considered documentation errors.

Resident F missed a scheduled dose of Tylenol on 6/18/25 and 6/20/25. Staff failed to document a reason for the missed doses and the MAR was left blank in these instances.

Resident G missed one or more scheduled doses of lorazepam (7 consecutive doses missed) and quetiapine (7 consecutive doses missed) from 7/5/25-7/8/25. Staff documented the reason for the missed doses as "*med not available*" and "*awaiting med arrival from pharmacy*". Resident G missed one or more doses of spironolact from 7/4/25-7/8/25 (6 missed doses). Staff documented the reason for

the missed doses as "*med not available*", however staff intermittently documented that the medication was administered to the resident in between times when staff indicated that the medication was not in the facility. Resident G missed a dose of rocklatan eye drops on 6/28/25, 6/29/25, 6/30/25, 7/1/25, 7/2/25, 7/4/25, 7/5/25 and 7/6/25. Staff documented the reason for the missed doses as "*med not available".* In follow-up correspondence with the administrator, staff reported that all the above medications have been available onsite since Resident G moved into the facility and all instances are documentation errors. **[REPEAT VIOLATION ESTABLISHED]**	
R 325.1944	**Employee records.**
	(1) A home shall maintain a record for each employee, which shall include all of the following: **(d) Summary of experience, education, and training.**
Review of employee files reveal that Employee 1 and 2's files lacked evidence of training.	
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 facility was unable to produce a meal census record. **[REPEAT VIOLATION ESTABLISHED]**	
R 325.1972	**Solid wastes.**
	All garbage and rubbish shall be kept in leakproof, nonabsorbent containers. The containers shall be kept covered with tight-fitting lids and shall be removed from the home daily and from the premises at least weekly.

Numerous garbage containers throughout the facility were observed to be uncovered without lids, including several in the commercial kitchen.

R 325.1976	**Kitchen and dietary.**
	(6) Food and drink used in the home shall be clean and wholesome and shall be manufactured, handled, stored, prepared, transported, and served so as to be safe for human consumption.

Some perishable food items in the commercial kitchen's refrigerator and freezer were not properly stored (unsealed with packaging left open or food items left uncovered) and other items did not contain labels or dates on them identifying when the manufacturer's packing was opened or when the items were prepared. These items include but are not limited to hamburger patties, dough, and muffins.

[REPEAT VIOLATION ESTABLISHED]

R 325.1976	**Kitchen and dietary.**
	(8) A reliable thermometer shall be provided for each refrigerator and freezer.

A thermometer was missing from the refrigerator and freezer in resident rooms 124 and 203. A thermometer was also missing from the activity room and memory care refrigerator and freezer.

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 facility uses a high temperature dish machine to sanitize the dishes. Staff are to monitor and record the water temperatures daily. A clipboard adjacent to the dish machine was observed with a blank temperature log on it and staff onsite could not indicate when the temperatures were last recorded. As a result, the facility could not confirm that utensils and dishes the residents use are adequately protected from contamination.

[REPEAT VIOLATION ESTABLISHED]

R 325.1979	**General maintenance and storage.**
	(3) Hazardous and toxic materials shall be stored in a safe manner.
Hazardous and toxic material such as cleaning agents, detergents, glue and paint were located in unsecured areas of the building, including the memory care kitchen and activity room. These items were located in cabinets that had locking mechanisms on them, but the cabinets were left unlocked. These items pose an unnecessary ingestion and subsequent poisoning risk to those residents that lack safety awareness. **[REPEAT VIOLATION ESTABLISHED]**	

IV. RECOMMENDATION

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

07/23/2025

Elizabeth Gregory-Weil Date
Licensing Consultant