



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
DIRECTOR

August 19, 2025

Lawrence Ragnone
Serene Gardens of Rochester Hills AL
910 S. Boulevard
Rochester Hills, MI 48307

RE: License #: AH630385331
Investigation #: 2025A1019075

Dear Licensee:

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. Failure to submit an acceptable corrective action plan will 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 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 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 contact the local office at (517) 335-5985.

Sincerely,

A handwritten signature in blue ink, appearing to read "Elizabeth Gregory-Weil".

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
SPECIAL INVESTIGATION REPORT**

I. IDENTIFYING INFORMATION

License #:	AH630385331
Investigation #:	2025A1019075
Complaint Receipt Date:	07/24/2025
Investigation Initiation Date:	07/25/2025
Report Due Date:	09/23/2025
Licensee Name:	Serene Gardens of Rochester Hills LLC
Licensee Address:	9463 Holly Road, Suite 104 Grand Blanc, MI 48439
Licensee Telephone #:	(810) 241-4084
Administrator:	Maria Harmon
Authorized Representative:	Lawrence Ragnone
Name of Facility:	Serene Gardens of Rochester Hills AL
Facility Address:	910 S. Boulevard Rochester Hills, MI 48307
Facility Telephone #:	(248) 270-4040
Original Issuance Date:	06/26/2018
License Status:	REGULAR
Effective Date:	08/01/2025
Expiration Date:	07/31/2026
Capacity:	38
Program Type:	AGED

II. ALLEGATION(S)

	Violation Established?
The facility is understaffed.	No
Meals aren't served on time and there isn't variety in the food being served.	No
The kitchen is dirty.	No
Additional Findings	Yes

III. METHODOLOGY

07/24/2025	Special Investigation Intake 2025A1019075
07/25/2025	Special Investigation Initiated - Letter Emailed licensee requesting resident roster.
07/31/2025	Inspection Completed On-site
07/31/2025	Inspection Completed BCAL Sub. Compliance

ALLEGATION: The facility is understaffed.

INVESTIGATION:

On 7/24/25, the department received a complaint that the facility is understaffed, alleging that staff work alone overnight. The complaint did not provide dates that this is alleged to have occurred. Due to the anonymous nature of the complaint, additional information could not be obtained.

On 7/31/25, I conducted an onsite inspection. I interviewed administrator Maria Harmon and Employee 1. A resident roster was provided that listed 20 residents. The administrator and Employee 1 reported that care givers and med passing staff are scheduled on twelve-hour shifts but occasionally there are additional support staff that come in for a partial shift. The administrator reported at the current census and acuity level, the schedules two care givers and one med passer during each shift and reported that med passers provide care in addition to their med passing duties. The administrator and Employee 1 denied that there would ever only be one staff member in the building as the complaint alleged and reported that the building

is generally overstaffed. The administrator and Employee 1 reported that they both will cover the floor if needed, along with the floor supervisor and additional support staff. Employee 1 explained that there is a “manager on duty” rotation each weekend in which they rotate working and are on call for the entire weekend. If there is an unexpected absence or if staff does a no call no show, the on-call supervisor is responsible for obtaining coverage but as a last resort, managers will come in to work the floor. The administrator reported that staff are also offered a shift bonus (\$25-57 per shift) if they pick up hours but that typically it is not necessary because they are fully staffed. The administrator stated, “*We have people fight over hours; we are not understaffed.*”

The AR reported that assisted living residents have call pendants kept on their person to summon staff when assistance is needed. The AR reported that desired response times are within five minutes. The AR reported that pendant alerts go to a monitoring station in a common area of the facility that creates an audible sound when alerted. The administrator reported that staff have to manually reset the alerts to indicate the resident has been tended to. The administrator reported that the emergency response system does not track response data, and she is unable to monitor staff response times.

While onsite, staff schedules were obtained for the previous four weeks. Staffing levels observed were inconsistent with the levels reported by the administrator and Employee 1 for second shift. During follow-up correspondence, when questioned about the discrepancy in staffing levels, the administrator stated:

During your visit, I mentioned that we typically have one med tech and two caregivers at night. To clarify, the required staffing for overnight is one med tech and one caregiver per side of the building (Assisted Living and Memory Care). That’s the baseline we operate with and what’s consistently in place. When we have the extra support available, we do bring in a third caregiver from 7:00 PM to around midnight. Their role is just to help with getting residents ready for bed. Once that’s wrapped up and everyone is settled, that caregiver usually leaves, and the core night team continues with the standard staffing.

After obtaining clarification from the administrator, schedules were reviewed again and were observed to be overall consistent with the staffing levels expressed during the second explanation.

APPLICABLE RULE	
R 325.1931	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:	Staff attestation combined with a review of employee schedules and shift coverage procedures reveal that staffing was consistent with the levels expressed by management to sufficiently meet resident needs.
CONCLUSION:	VIOLATION NOT ESTABLISHED

ALLEGATION: Meals aren't served on time and there isn't variety in the food being served.

INVESTIGATION:

The complaint alleged that residents do not get meals on time and that they are not served a variety of food. Due to the anonymous nature of the complaint, additional information could not be obtained.

The administrator reported that breakfast is served around 8:30am, lunch is served around 12:30pm and dinner is served around 5:30pm. While onsite, I observed lunchtime meal service and noted that lunch was served during the timeframe the administrator attested to. Residents were being served homemade pizzas. Numerous pizzas were prepared with an assortment of toppings.

Facility menus were reviewed for the previous four-week period. I observed a variety of menu options available and alternative choices offered.

APPLICABLE RULE	
R 325.1952	Meals and special diets.
	(1) A home shall offer 3 meals daily to be served to a resident at regular meal times. A home shall make snacks and beverages available to residents.

ANALYSIS:	Staff attestation revealed breakfast, lunch and dinner are served at standard times. Direct observation of lunch service revealed that lunch was served during the timeframe staff attested to. Additionally, a review of facility menus revealed a variety of food options available to residents
CONCLUSION:	VIOLATION NOT ESTABLISHED

ALLEGATION: The kitchen is dirty.

INVESTIGATION:

The complaint alleged that the facility kitchen is not clean, alleging that there is debris and dirty dishes. Due to the anonymous nature of the complaint, additional information could not be obtained.

While onsite, I inspected the entire kitchen, including the refrigerator and freezers, dish washing area and dry storage room. I observed all areas of the kitchen to be clean; no visible debris was noted on the floor or any other surfaces. There were no odors present, and all garbage bins were covered with a lid. Food and drink items were labeled, dated and properly sealed.

APPLICABLE RULE	
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.
ANALYSIS:	Direct observation of the kitchen deemed it to be clean.
CONCLUSION:	VIOLATION NOT ESTABLISHED

ADDITIONAL FINDING:

INVESTIGATION:

During review of the staff schedules, I observed that there were some variations in staffing levels from the original schedule provided onsite compared to the staffing levels the administrator and Employee 1 attested to. In follow-up correspondence

with the administrator, she provided another schedule with some handwritten notations on it indicating changes to onsite staff. Therefore, the original schedule provided was not updated to accurately reflect who was working during the timeframe reviewed.

APPLICABLE RULE	
R 325.1944	Employee records and work schedules.
	(2) The home shall prepare a work schedule showing the number and type of personnel scheduled to be on duty on a daily basis. The home shall make changes to the planned work schedule to show the staff who actually worked.
ANALYSIS:	Schedules provided by the facility were not always updated to reflect staffing changes for the timeframe reviewed.
CONCLUSION:	VIOLATION ESTABLISHED

IV. RECOMMENDATION

Contingent upon receipt of an acceptable corrective action plan, I recommend no changes to the status of the license at this time.



08/15/2025

Elizabeth Gregory-Weil
Licensing Staff

Date

Approved By:



08/19/2025

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

Date