

GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS LANSING

MARLON I. BROWN, DPA DIRECTOR

September 16, 2025

Tamisha Kaplan The Chateau Group Of Michigan LLC Po Box 81 Walled Lake, MI 48390

RE: License #: AS630391762

Chateau Of Bloomfield 2660 Vhay Lane

Bloomfield, MI 48304

Dear Ms. Kaplan:

Attached is the Licensing Study Report for the above referenced facility. The study has 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 of the licensee or licensee designee or representative and a date.

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

Please contact me with any questions. In the event that I am not available and you need to speak to someone immediately, you may contact the local office at (248) 972-9136.

Sincerely,

Sara Shaughnessy, Licensing Consultant Bureau of Community and Health Systems

Cadillac Place 3026 W. Grand Blvd. Ste 9-100

Detroit, MI 48202 (248) 320-3721

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

I. IDENTIFYING INFORMATION

License #: AS630391762

Licensee Name: The Chateau Group Of Michigan LLC

Licensee Address: Po Box 81

Walled Lake, MI 48390

Licensee Telephone #: (248) 380-4663

Licensee/Licensee Designee: Tamisha Kaplan

Administrator: Tamisha Kaplan

Name of Facility: Chateau Of Bloomfield

Facility Address: 2660 Vhay Lane

Bloomfield, MI 48304

Facility Telephone #: (248) 792-6607

Original Issuance Date: 08/01/2018

Capacity: 6

Program Type: PHYSICALLY HANDICAPPED

DEVELOPMENTALLY DISABLED

MENTALLY ILL

AGED

TRAUMATICALLY BRAIN INJURED

ALZHEIMERS

II. METHODS OF INSPECTION

Date	e of On-site Inspection(s):	08/28/2	025	
Date	e of Bureau of Fire Services Inspection if appl	icable:	NA	
Date	e of Health Authority Inspection if applicable:	1	NA	
No.	of staff interviewed and/or observed of residents interviewed and/or observed of others interviewed 1 Role: Administ	ration	1 0	
•	Medication pass / simulated pass observed?	Yes 🖂	No 🗌 If no, explain.	
•	Medication(s) and medication record(s) revie	wed? Y	es 🛭 No 🗌 If no, explain.	
•	Resident funds and associated documents reviewed for at least one resident? Yes \boxtimes No \square If no, explain. Meal preparation / service observed? Yes \square No \boxtimes If no, explain. The onsite inspection did not take place during a mealtime, an adequate amount of food was observed. Fire drills reviewed? Yes \boxtimes No \square If no, explain.			
•	Fire safety equipment and practices observe	d? Yes	⊠ No □ If no, explain.	
•	E-scores reviewed? (Special Certification On If no, explain. Water temperatures checked? Yes ⊠ No □	•		
•	Incident report follow-up? Yes ⊠ No ☐ If I	no, expla	in.	
•	Corrective action plan compliance verified? 06/30/2025; R 400.14403 N/A Number of excluded employees followed-up?		CAP date/s and rule/s: N/A ⊠	
•	Variances? Yes ☐ (please explain) No ☒	N/A		

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

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

R 330.1803	Facility environment; fire safety.
	(1) A facility that has a capacity of 4 to 6 clients shall be equipped with an interconnected multistation smoke detection system which is powered by the household electrical service and which, when activated, initiates an alarm that is audible in all areas of the home. The smoke detection system shall be installed on all levels, including basements, common activity areas, and outside each sleeping area, but excluding crawl spaces and unfinished attics, so as to provide full coverage of the home. The system shall include a battery backup to assure that the system is operable if there is an electrical power failure and accommodate the sensory impairments of clients living in the facility, if needed. A fire safety system shall be installed in accordance with the manufacturer's instructions by a licensed electrical contractor and inspected annually. A record of the inspections shall be maintained at the facility.
There were not a or 2024.	any completed inspections of the smoke detection system for 2023
R 400.14312	Resident medications.
	(2) Medication shall be given, taken, or applied pursuant to label instructions.

IV. RECOMMENDATION

Contingent upon receipt of an acceptable corrective action plan, renewal of the license is recommended.

09/16/2025

Sara Shaughnessy Licensing Consultant Date