

GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS LANSING

MARLON I. BROWN, DPA DIRECTOR

September 25, 2025

Paul Buchholz Summit Park Assisted Living Center 2100 Park Rd. Jackson, MI 49203

> RE: License #: AH380236900 Investigation #: 2025A0784082

> > Summit Park Assisted Living Center

Dear Paul Buchholz:

Attached is the Special Investigation Report for the above-mentioned 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.
- Indicate how continuing compliance will be maintained once compliance is achieved.
- Be signed and dated.

Please review the enclosed documentation for accuracy and contact me with any questions. If I am not available and you need to speak to someone immediately, please contact the local office at (517) 335-5985.

Sincerely,

Aaron Clum, Licensing Staff

Bureau of Community and Health Systems

611 W. Ottawa Street

P.O. Box 30664

Lansing, MI 48909

(517) 230-2778

MICHIGAN DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS BUREAU OF COMMUNITY AND HEALTH SYSTEMS SPECIAL INVESTIGATION REPORT

I. IDENTIFYING INFORMATION

License #:	AH380236900
Investigation #:	2025A0784082
On an electric Date of Date	00/00/0005
Complaint Receipt Date:	09/08/2025
Investigation Initiation Date:	09/09/2025
investigation initiation bate.	03/03/2023
Report Due Date:	11/07/2025
•	
Licensee Name:	Ganton Retirement Centers, Inc.
Licensee Address:	7925 Spring Arbor Rd.
	Spring Arbor, MI 49283
Licensee Telephone #:	(517) 750-0500
Licenses Telephone #1	(011) 100 0000
Administrator/Authorized	Paul Buchholz
Representative:	
Name of Facility:	Summit Park Assisted Living Center
Facility Address:	2100 Park Rd.
Facility Address:	Jackson, MI 49203
	dackeon, wii 10200
Facility Telephone #:	(517) 782-8888
Original Issuance Date:	01/01/2000
License Ctatues	DECLUAD
License Status:	REGULAR
Effective Date:	08/01/2025
	55/5 // 2020
Expiration Date:	07/31/2026
Capacity:	83
	.050
Program Type:	AGED

II. ALLEGATION(S)

Violation				
Establ	isł	ned	?	

T.B. screening completed by unqualified staff.	Yes
Additional Findings	No

III. METHODOLOGY

09/08/2025	Special Investigation Intake 2025A0784082
09/09/2025	Special Investigation Initiated - On Site
09/09/2025	Inspection Completed On-site
09/09/2025	Exit Conference Conducted with administrator Paul Buchholz

ALLEGATION:

T.B. screening completed by unqualified staff.

INVESTIGATION:

On 9/08/2025, the department received this complaint from adult protective services (APS) centralized intake. Information provided in the complaint indicated that APS denied the allegations for investigation.

According to the complaint, medication technicians (med techs) are administering T.B. tests for new staff without proper qualifications to do so.

On 9/09/2025, I interviewed administrator Paul Buchholz at the facility. Administrator stated TB tests are completed by staff at the facility including nurses as well as medication technicians (med techs). Administrator stated that facility med techs are trained by the facility nurse on how to complete TB tests. Administrator stated med techs are not licensed and have not completed any training on administration or reading of TB tests outside of what is provided by the facility nurse.

I reviewed TB testing documentation for staff 1, 2, 3 and 4. Review of the documentation indicated these tests were completed by staff 5 and 6 who administrator stated were unlicensed med techs at the facility.

I reviewed the state of Michigan website at https://www.michigan.gov/mdhhs/keep-mi-healthy/communicablediseases/diseasesandimmunization/tb/training/instructor-recertw which read, in part, "Candidates for the TB Testing Workshop are healthcare workers who have experience with injections, universal precautions, sterile technique, and who are responsible for assessing risk of TB in their facility. Healthcare credentials that can be certified for TST include MD, DO, DDS, PharmBS, RPh,NP, PA, RN, BSN, MSN, LPN, EMT, EMT-P, CPhT, RMA AND CMA".

APPLICABLE RULE	
R 325.1923	Employee's health.
	(4) Tuberculosis skin tests, as well as post-exposure follow- up and treatment evaluations, shall be offered at no cost to the employees at times and locations convenient to the employees. A qualified health care professional shall perform the reading and interpretation of the TB testing.
ANALYSIS:	The complaint alleged unqualified staff are administering TB tests for new staff. Based on the findings, the allegation is substantiated.
CONCLUSION:	VIOLATION ESTABLISHED

IV. RECOMMENDATION

Upon receipt of an acceptable corrective action plan. It is recommended that the status of the license remains unchanged.

Varon L. Clum	9/25/2025
Aaron Clum Licensing Staff	Date
Approved By:	
(mohed) more	09/26/2025
Andrea L. Moore, Manager	Date

Long-Term-Care State Licensing Section