



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
DIRECTOR

October 24, 2025

Kristy Britton
Sunrise Assisted Living of Northville
16100 North Haggerty Road
Plymouth, MI 48170

RE: License #: AH820400126
Sunrise Assisted Living of Northville
16100 North Haggerty Road
Plymouth, MI 48170

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.

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
(517) 285-7433

enclosure

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

I. IDENTIFYING INFORMATION

License #:	AH820400126
Licensee Name:	SZR Northville Assisted Living Opco, L.L.C.
Licensee Address:	Suite 200 500 N. Hurstbourne pkwy Louisville, KY 40222
Licensee Telephone #:	(502) 357-9380
Administrator/ Authorized Representative:	Kristy Britton
Name of Facility:	Sunrise Assisted Living of Northville
Facility Address:	16100 North Haggerty Road Plymouth, MI 48170
Facility Telephone #:	(734) 420-4000
Original Issuance Date:	01/01/2020
Capacity:	118
Program Type:	AGED ALZHEIMERS

II. METHODS OF INSPECTION

Date of On-site Inspection(s): 10/21/2025

Date of Bureau of Fire Services Inspection if applicable: Completed October 2025, report pending

Inspection Type: ☐ Interview and Observation ☒ Worksheet
☐ Combination

Date of Exit Conference: 10/24/2025

No. of staff interviewed and/or observed 15

No. of residents interviewed and/or observed 38

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:
Licensing Study Report dated 6/26/2023 to CAP dated 7/3/2023: R 325.1931(3), R 325.1932(2), R 325.1976(6), R 325.1979(3)
- Special Investigation Report 2025A1035052 dated 7/31/2025 to CAP dated 8/13/2025: R 325.1973(1)(2)
- Number of excluded employees followed up? Zero, as verified in the workforce background check account on date of survey. N/A ☐

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

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

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 files for Employees #1, #2, #3, #4, and #5 revealed they did not have a tuberculosis (TB) test within 10 days of hire and before occupational exposure. For example, Employee #1's date of hire was 2/4/2025, and her TB test was administered on 1/13/2025, and read on 1/15/2025.

VIOLATION ESTABLISHED.

IV. RECOMMENDATION

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



10/24/2025

Date

Licensing Consultant