



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
DIRECTOR

January 14, 2026

Cyle Pickett
Brother LL Brother Community Provider LLC
Suite #2
7439 Middlebelt Rd
West Bloomfield, MI 48322

RE: License #: AS630418349
The Troy-Modern Assisted Living
1052 Byron Dr.
Troy, MI 48098

Dear Mr. Pickett:

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 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,

A handwritten signature in cursive script that reads "Johnna Cade". The signature is written in black ink and is positioned to the left of the typed name and address.

Johnna Cade, Licensing Consultant
Bureau of Community and Health Systems
Cadillac Pl. Ste 9-100
3026 W. Grand Blvd
Detroit, MI 48202
(248) 302-2409

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

I. IDENTIFYING INFORMATION

License #:	AS630418349
Licensee Name:	Brother LL Brother Community Provider LLC
Licensee Address:	1052 Byron Dr. Troy, MI 48098
Licensee Telephone #:	(248) 986-4546
Licensee Designee:	Cyle Pickett
Administrator:	Cyle Pickett
Name of Facility:	The Troy-Modern Assisted Living
Facility Address:	1052 Byron Dr. Troy, MI 48098
Facility Telephone #:	(248) 986-4546
Original Issuance Date:	07/17/2025
Capacity:	6
Program Type:	PHYSICALLY HANDICAPPED MENTALLY ILL AGED ALZHEIMERS

II. METHODS OF INSPECTION

Date of On-site Inspection(s): 01/13/2026

Date of Bureau of Fire Services Inspection if applicable: N/A

Date of Health Authority Inspection if applicable: N/A

No. of staff interviewed and/or observed 3

No. of residents interviewed and/or observed 5

No. of others interviewed 1 Role: Licensee Designee

- Medication pass / simulated pass observed? Yes No If no, explain.
- Medication(s) and medication record(s) reviewed? Yes No If no, explain.
- Resident funds and associated documents reviewed for at least one resident? Yes No If no, explain.
- Meal preparation / service observed? Yes No If no, explain.
The inspection was not conducted during meal time.
- Fire drills reviewed? Yes No If no, explain.
- Fire safety equipment and practices observed? Yes No If no, explain.
- E-scores reviewed? (Special Certification Only) Yes No N/A
If no, explain.
- Water temperatures checked? Yes No If no, explain.
- Incident report follow-up? Yes No If no, explain.
There were no incidents to follow up on.
- Corrective action plan compliance verified? Yes CAP date/s and rule/s:
N/A
- Number of excluded employees followed-up? 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 400.647	Safety and maintenance of premises.
	(5) Floors, walls, and ceilings must be cleanable, maintained clean, and in good repair.
During the onsite inspection completed on 01/13/26, I observed there are walls in bedroom # 1 and bedroom # 2 that have been patched but still require paint.	
R 400.673	Use of assistive devices, therapeutic support.
	(2) An assistive device or therapeutic support must be authorized in writing by an appropriately licensed health care professional and the authorization must state the reason for and the term of the authorization.
Resident E is prescribed a hospital bed and a walker. During the onsite inspection completed on 01/13/26, there was no script on file for these assistive devices.	
R 400.675	Resident medications.
	(1) Medication must be given, taken, or applied as prescribed, ordered, or directed by an appropriately licensed health care professional.
Resident E is prescribed Potassium Chloride 10% the instruction state - take 30 ML by mouth every day. During the onsite inspection completed on 01/13/26, the medication bottle was empty. The direct care staff onsite said that the medication had been gone for two days and therefore, not given to Resident E as prescribed.	
R 400.675	Resident medications.
	(4) A licensee, administrator, or direct care staff shall comply with the following when supervising the taking of medication by a resident: (b) Complete an individual medication log that contains all of the following: (iv) Time to be administered. (v) Initials of the individual who administered the medication at the time given.

Resident E is prescribed Potassium Chloride 10% the instruction state - take 30 ML by mouth every day. During the onsite inspection completed on 01/13/26, the medication bottle was empty. The direct care staff onsite said that the medication had been gone for two days however, Resident E's January 2026 Medication Administration Record (MAR) was signed by staff daily from 01/01/26 – 01/13/26. Initials of the individual who administered the medication should only be written at the time the medication is given.

During the onsite inspection completed on 01/13/26, I observed that Resident E and Resident D's MAR do not consistently contain the time for which medications should be administered. The MAR contained a variation of times and phrases such as "morning," "afternoon," "bedtime" and "lunch."

Resident E is prescribed Quetiapine 50 mg ER– the instructions state – take 1 tablet by mouth at bedtime. The January 2026 MAR was initialed by staff in the AM and PM. The direct care staff on shift stated this was done in error.

IV. RECOMMENDATION

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



01/14/2026

Johnna Cade
Licensing Consultant

Date