



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

MARLON I. BROWN, DPA  
DIRECTOR

May 12, 2025

Daniel Fessler  
Arden Courts (Livonia)  
32500 W. Seven Mile Rd.  
Livonia, MI 48152

RE: License #: AH820292968  
**Arden Courts (Livonia)**  
**32500 W. Seven Mile Rd.**  
**Livonia, MI 48152**

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 of the licensee or licensee designee or home for the aged 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 feel free to contact the local office at (517) 335-5985.

Sincerely,

A handwritten signature in blue ink, appearing to read "Jennifer Heim".

Jennifer Heim, Licensing Staff  
Bureau of Community and Health Systems  
611 W. Ottawa Street  
Lansing, MI 48909  
(313) 410-3226  
enclosure

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

**I. IDENTIFYING INFORMATION**

**License #:** AH820292968

**Licensee Name:** Arden Courts of Livonia MI, LLC

**Licensee Address:** 32500 W. Seven Mile Rd.  
Livonia, MI 48152

**Licensee Telephone #:** (419) 252-5500

**Authorized Representative:** Daniel Fessler

**Administrator/Licensee Designee:** Taja – Savelle McKnight

**Name of Facility:** Arden Courts (Livonia)

**Facility Address:** 32500 W. Seven Mile Rd.  
Livonia, MI 48152

**Facility Telephone #:** (248) 426-7055

**Original Issuance Date:** 05/21/2009

**Capacity:** 60

**Program Type:** AGED  
ALZHEIMERS

## II. METHODS OF INSPECTION

Date of On-site Inspection(s): 04/03/2025

Date of Bureau of Fire Services Inspection if applicable: 01/08/2025

Inspection Type:  Interview and Observation  Worksheet  
 Combination

Date of Exit Conference: 04/03/2025

No. of staff interviewed and/or observed 7  
No. of residents interviewed and/or observed 25  
No. of others interviewed 0 Role

- 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. The facility does not hold resident funds in trust.
- Meal preparation / service observed? Yes  No  If no, explain.
- Fire drills reviewed? Yes  No  If no, explain.  
The Bureau of Fire Services reviews fire drills, however facility disaster planning procedures were 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: 1/19/2024 325.1921 (1)(b), 5/28/2024 325.1922 (5)
- Number of excluded employees followed up? 1 N/A

### III. DESCRIPTION OF FINDINGS & CONCLUSIONS

This facility was found to be in non-compliance with the following rules regulating home for the aged facilities:

**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.**

Employee F employee health file did not contain evidence that initial TB testing was completed.

**R 325.1932            Resident medications.**

**(2) The giving, taking, or applying of prescription medications shall be supervised by the home in accordance with the resident's service plan. the medication, which shall be entered at the time the medication is given**

Medication administration records (MAR) were reviewed for the months of February and March 2025. The following observations were made:

Multiple "holes"/ missed documentation noted on Resident A, B, C, D, E, and F.

Resident B did not receive Lexapro for an entire month prior to being discontinued.

Controlled substance shift to shift count sheet not signed off by oncoming/ outgoing med tech on Country, Cattage, and Boat House medication carts.

**R 325.1954                      Meal and food records.**

The home shall maintain a record of the meal census, to include residents, personnel, and visitors, and a record of the kind and amount of food used for the preceding 3-month period.

Meal census records are not being maintained by the facility.

**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.

Multiple perishable food items in the commercial kitchen's refrigerator and freezer were left uncovered and out in the open air without proper sealing or labels identifying when the packing was opened or when the items were prepared. These items include but are not limited to dry noodles, pound cake, whipping cream. Multiple items noted to be expired inclusive of feta cheese, chopped garlic, whipping cream, and pound cake.

**IV. RECOMMENDATION**

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



05/12/2025

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Jennifer Heim, Health Care Surveyor                      Date  
Long-Term-Care State Licensing Section