



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

MARLON I. BROWN, DPA  
DIRECTOR

April 13, 2026

Marcia Curtiss  
BRIDGEWAY PARK SENIOR LIVING  
21800 Haggerty RD, Suite 115  
Northville, MI 48167

RE: License #: AL820419227  
Investigation #: 2026A0121007  
Bridgeway Park Senior Living 2

Dear Mrs. Curtiss:

Attached is the Special Investigation Report for the above referenced 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.
- How continuing compliance will be maintained once compliance is achieved.
- The signature of the responsible party and a date.

If you desire technical assistance in addressing these issues, please feel free to contact me. In any event, the corrective action plan is due within 15 days. Failure to submit an acceptable corrective action plan will result in disciplinary action.

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 contact the local office at (313) 456-0380.

Sincerely,

A handwritten signature in blue ink that reads "K. Robinson". The signature is written in a cursive, flowing style.

K. Robinson, MSW, Licensing Consultant  
Bureau of Community and Health Systems  
Cadillac Pl. Ste 9-100  
3026 W. Grand Blvd  
Detroit, MI 48202  
(313) 919-0574

enclosure

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

**I. IDENTIFYING INFORMATION**

<b>License #:</b>	AL820419227
<b>Investigation #:</b>	2026A0121007
<b>Complaint Receipt Date:</b>	02/27/2026
<b>Investigation Initiation Date:</b>	03/03/2026
<b>Report Due Date:</b>	04/28/2026
<b>Licensee Name:</b>	BRIDGEWAY PARK SENIOR LIVING
<b>Licensee Address:</b>	21800 Haggerty RD, Suite 115 Northville, MI 48167
<b>Licensee Telephone #:</b>	(248) 735-1020
<b>Administrator:</b>	Marcia Curtiss
<b>Licensee Designee:</b>	Marcia Curtiss
<b>Name of Facility:</b>	Bridgeway Park Senior Living 2
<b>Facility Address:</b>	8101 Lilley Rd Canton, MI 48187
<b>Facility Telephone #:</b>	(734) 453-3203
<b>Original Issuance Date:</b>	09/11/2025
<b>License Status:</b>	TEMPORARY
<b>Effective Date:</b>	09/11/2025
<b>Expiration Date:</b>	03/10/2026
<b>Capacity:</b>	20
<b>Program Type:</b>	PHYSICALLY HANDICAPPED ALZHEIMERS AGED



## II. ALLEGATION(S)

	<b>Violation Established?</b>
There is a strong sanitation odor in the vestibule/commons areas, including apparent ceiling leakage. Shower flooded in Resident A's bathroom that remained unresolved.	No
Laundry delays caused Resident A to lack clean clothing to wear.	No
Resident A's dementia medication was not administered for approximately 7 days.	Yes
Resident A has received inconsistent showering since placement.	No
Resident A lacked toilet tissue in her individual bathroom.	No
<i>Note: The allegation concerning delays in staff opening the door for visitors to enter and exit the facility will not be investigated as this is not rule related.</i>	

## III. METHODOLOGY

02/27/2026	Special Investigation Intake 2026A0121007
03/03/2026	Special Investigation Initiated - Telephone Relative 1A
03/05/2026	Inspection Completed On-site Interviewed Resident A, Zachary Fisher, Regional Director of Operations, Jeannine Hayes, Regional Director of Clinical Services, Debra Thomas Executive Director, and Kathy McMonagle, Regional Nurse. Reviewed Resident A's records.
03/13/2026	Inspection Completed On-site Interviewed Resident A and B, Marcia Curtiss, licensee designee, and Bret Rose, lead maintenance worker.
03/19/2026	Contact - Telephone call made Relative 2A
04/01/2026	Exit Conference Marcia Curtiss

04/01/2026	APS Referral
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**ALLEGATION:** There is a strong sanitation odor in the vestibule/commons areas, including apparent ceiling leakage. Shower flooded in Resident A’s bathroom that remained unresolved.

**INVESTIGATION:** I initiated the complaint with a phone call to Relative 1A. Relative 1A reported there’s been a strong odor in the vestibule of the building for the past 3 weeks. More specifically, Relative 1A stated that it smells like “vomit” when you first enter the building. On 3/5/26 and 3/13/26, I conducted unannounced onsite inspections at the facility. I did not recognize a strong, pungent smell when I entered the building on either date. Regional nurse, Kathy McMonagle acknowledged there was a wet, damp smell in the vestibule in recent weeks due to the facility having a broken pipe in the ceiling. Nurse Kathy indicated that staff were not aware that a coupling had broken, but once discovered, it was quickly repaired. On 4/1/26, I completed an exit conference with licensee designee, Marica Curtiss, who confirmed the repair has been completed.

On 3/3/26, Relative 1A reported Resident A’s shower flooded for one week. According to Relative 1A the water flowed out of the bathroom and into the bedroom area. Relative 1A reported family members immediately soaked up the water with spare towels. Relative 2A confirmed Resident A’s shower flooded during the first week of placement. Resident 2A said there was “no lip” at the bottom of the shower, so water flooded the room. Relative 2A also reported the shower was repaired within 4-5 days of reporting the issue to staff. On 3/5/26, I observed Resident A’s shower has a barrier installed to prevent water from spilling onto the floor. Executive Director, Debra Thomas stated that she handled the complaint involving Resident A’s shower, so she had maintenance install a silicone barrier at the bottom to prevent water from spilling on the floor. Ms. Thomas described the incident as isolated. On 3/13/26, I conducted random inspections of resident bathrooms (rooms 224, 223, 220, 218, and 216) and found 4 of 5 showers had barriers installed. Lead maintenance worker, Bret Rose indicated the shower barriers are uninstalled sometimes to avoid possible trip hazards. Based on these findings, building maintenance corrected the issue expeditiously, so the problem did not remain “unresolved” as alleged.

<b>APPLICABLE RULE</b>	
<b>R 400.647</b>	<b>Safety and maintenance of premises.</b>
	<b>(1) A facility must be constructed, arranged, and maintained to provide adequately for the health, safety, and well-being of occupants.</b>

<b>ANALYSIS:</b>	<p>On 3/5/26 and 3/13/26, I did not smell a bad odor upon entering the facility. The problem appears to be isolated to normal wear and tear of the property and/or routine maintenance of the premises. To date, the broken pipe causing the previous odor has been repaired. Also, Relative 2A acknowledged the shower was corrected within 4-5 days of reporting the issue to staff.</p> <p>Therefore, the licensee has maintained the facility to provide adequately for the health, safety, and well-being of occupants.</p>
<b>CONCLUSION:</b>	<b>VIOLATION NOT ESTABLISHED</b>

**ALLEGATION: Laundry delays caused Resident A to lack clean clothing.**

**INVESTIGATION:** On 3/3/26, Relative 1A reported that Resident A's laundry is not done on Mondays as scheduled. According to Relative 1A, Resident A has been observed with a "basket full of clothes", leaving the resident with little clean clothing to wear. On 3/10/26, Relative 2A confirmed Resident A has gone 2 weeks without getting her laundry done. On 3/5/26 and 3/13/26, I observed Resident A's bedroom and closet area. On both days, I did not observe dirty clothes overflowing in her room in baskets or elsewhere. I observed Resident A had sufficient clothing in her closet and drawers. I asked Resident A if she had clean clothing available at the facility and she responded, "Yes." On 3/5/26, Nurse Kathy provided me with documentation of Resident A's laundry history. According to the records, Resident A's laundry was completed by staff on 1/29/26, 2/2/26, 2/5/26, 2/9/26, 2/12/26, 2/16/26, 2/19/26, 2/23/26, and 2/26/26. Therefore, based on these findings, there is insufficient evidence to support the allegation.

<b>APPLICABLE RULE</b>	
<b>R 400.667</b>	<b>Laundry.</b>
	<b>A licensee shall provide for the laundering of a resident's personal laundry.</b>
<b>ANALYSIS:</b>	Resident A's laundry history demonstrates the licensee has provided for the laundering of her personal laundry in compliance with the rule requirement.
<b>CONCLUSION:</b>	<b>VIOLATION NOT ESTABLISHED</b>

**ALLEGATION: Resident A’s dementia medication was not administered for approximately 7 days.**

**INVESTIGATION:** On 3/5/26, Nurse Kathy McMonagle acknowledged Resident A ran out of medication shortly after being placed at the facility. Nurse Kathy explained all resident medication is set to automatically refill each month, but a pharmacy (Pharmascript of Michigan) error caused delivery delays with Resident A’s February medications. I reviewed an incident report signed by licensee designee, Marcia Curtiss on 2/6/26. The incident report stated Resident A’s medication was not administered 1/29/26 through 2/5/26. The affected medications are: memantine 10 mg (BID), pantoprazole 40mg, paroxetine 40 mg, and Tab-A-Vite multivitamin. Relative 1A expressed great concern that the family wasn’t notified about the missed medications until 2/6/26. Relative 1A reported Resident A’s mental state declined as a result of not receiving her medication to treat anxiety. However, Nurse Kathy reported Resident A was evaluated by Sam Fadlallah, PA-C on 2/12/26. According to Nurse Kathy, Mr. Fadlallah determined Resident A had no baseline changes, so “she’s still fine.”

On 4/1/26, I completed an exit conference with licensee designee, Marcia Curtiss. Mrs. Curtiss said she completed an internal investigation and found Resident A was without medication for 5 days. I informed Mrs. Curtiss the licensee has a responsibility to take quick action to ensure that all residents receive their medications as prescribed. Based on the investigative findings, I determined Resident A missed an excessive amount of prescription medication used to treat both physical and mental health conditions.

<b>APPLICABLE RULE</b>	
<b>R 400.675</b>	<b>Resident medications.</b>
	<b>(1) Medication must be given, taken, or applied as prescribed, ordered, or directed by an appropriately licensed health care professional.</b>
<b>ANALYSIS:</b>	Although the pharmacy failed to deliver Resident A’s medication, the licensee did not take reasonable action to remedy the situation. It is documented that Resident A did not receive her medication as prescribed 1/29/26 – 2/5/26. Therefore, the licensee did not ensure Resident A’s medication was given, taken, or applied as prescribed, ordered, or directed by an appropriately licensed health care professional.
<b>CONCLUSION:</b>	<b>VIOLATION ESTABLISHED</b>

**ALLEGATION: Resident A has received inconsistent showering since placement.**

**INVESTIGATION:** Relative 1A and 2A expressed concern that Resident A has received “inconsistent” assistance with showering. Relative 2A explained staff are not “forcing” Relative A to take routine showers. However, Relative 2A acknowledged staff do afford Relative A the opportunity to shower, but the resident declines. According to Relative 2A, Resident A is embarrassed to receive assistance with bathing/showering. I informed Relative 2A that in accordance with the licensing rules, Resident A maintains the right to refuse services, including showers. On 3/5/26, Nurse Kathy provided me the dates staff assisted Resident A with showering. According to Resident A’s Supervision with Bath/Shower report, she received showers on the following dates: 1/26/26, 1/27/26, 1/29/26, 2/2/26, 2/5/26, 2/9/26, 2/12/26, 2/16/26, 2/19/26, 2/23/26, and 2/26/26. Relative 2A indicated that showers have improved and she has since aligned her expectations with the facility’s practices and State guidelines.

<b>APPLICABLE RULE</b>	
<b>R 400.677</b>	<b>Resident hygiene, clothing.</b>
	<b>(2) A licensee shall ensure the resident receives or has access to all of the following: (a) Bathing at least weekly.</b>
<b>ANALYSIS:</b>	Relative 2A acknowledged that staff will offer Resident A assistance with showering, but Resident A may decline. Resident A’s bathing/showering history demonstrate the licensee has ensured that Resident A has access to bathing at least weekly.
<b>CONCLUSION:</b>	<b>VIOLATION NOT ESTABLISHED</b>

**ALLEGATION: Resident A lacked toilet tissue in her individual bathroom.**

**INVESTIGATION:** On 3/3/26, Relative 1A reported Resident A had “no toilet tissue at all” in her bathroom on at least 2 separate occasions. On 3/10/26, Relative 2A reported Resident A ran out of toilet paper on 2/20/26. I completed 2 unannounced onsite inspections. I observed toilet tissue in Resident A’s room on 3/5/26 and 3/10/26. Zachary Fisher, Regional Director of Operations is adamant the facility is never without toilet tissue. Mr. Fisher explained staff replace toilet tissue in each resident’s bathroom as needed; however, the residents may request additional toilet tissue on demand. On 3/13/26, Resident A and B confirmed residents are provided toilet tissue on a regular basis. Both Resident A and B denied the facility runs out of toilet tissue. On 3/13/26, I also observed the supply closet with approximately 40-50

rolls of toilet tissue for resident use. Therefore, based on these findings, it appears the licensee does maintain adequate toilet tissue at the facility.

<b>APPLICABLE RULE</b>	
<b>R 400.677</b>	<b>Resident hygiene, clothing.</b>
	<p><b>(2) A licensee shall ensure the resident receives or has access to all of the following:</b></p> <p><b>(d) Availability of all the following resident hygiene supplies:</b></p> <ul style="list-style-type: none"> <li><b>(i) Deodorant.</b></li> <li><b>(ii) Feminine hygiene products.</b></li> <li><b>(iii) Razors and shaving cream.</b></li> <li><b>(iv) Shampoo.</b></li> <li><b>(v) Soap.</b></li> <li><b>(vi) Toothpaste.</b></li> <li><b>(vii) Toothbrushes.</b></li> <li><b>(viii) Toilet paper.</b></li> </ul>
<b>ANALYSIS:</b>	<p>I observed a sufficient supply of toilet paper at the facility during two unannounced onsite inspections. Resident A and B deny that residents go without toilet tissue. It seems more likely than not, Relative 1A and 2A experienced isolated incidents with Resident A having no toilet paper. Therefore, the licensee has successfully demonstrated that residents have toilet tissue available at the facility.</p>
<b>CONCLUSION:</b>	<b>VIOLATION NOT ESTABLISHED</b>

**IV. RECOMMENDATION**

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



04/07/26

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Kara Robinson  
Licensing Consultant

Date

Approved By:



04/13/26

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Ardra Hunter  
Area Manager

Date