



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
DIRECTOR

April 3, 2026

Janet Difazio
Sunrise Of West Bloomfield
7005 Pontiac Trail
West Bloomfield, MI 48323

RE: License #: AH630391473

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 responsible party 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 "Elizabeth Gregory-Weil".

Elizabeth Gregory-Weil, Licensing Staff
Bureau of Community and Health Systems
611 W. Ottawa Street
P.O. Box 30664
Lansing, MI 48909
(810) 347-5503

enclosure

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

I. IDENTIFYING INFORMATION

License #:	AH630391473
Licensee Name:	Welltower OpCo Group LLC
Licensee Address:	4500 Dorr Street Toledo, OH 43615
Licensee Telephone #:	(419) 247-2800
Authorized Representative and Administrator:	Janet Difazio
Name of Facility:	Sunrise Of West Bloomfield
Facility Address:	7005 Pontiac Trail West Bloomfield, MI 48323
Facility Telephone #:	(248) 738-8101
Original Issuance Date:	12/23/2019
Capacity:	70
Program Type:	AGED ALZHEIMERS

II. METHODS OF INSPECTION

Date of On-site Inspection(s): 04/01/2026

Date of Bureau of Fire Services Inspection if applicable: 01/30/2026

Inspection Type: Interview and Observation Worksheet
 Combination

Date of Exit Conference: 04/03/2026

No. of staff interviewed and/or observed 14

No. of residents interviewed and/or observed 21

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: Compliance was not verified, as this report contains repeat violations.
- Number of excluded employees followed up? N/A

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

<p>This facility was found to be in non-compliance with the following administrative rules regulating home for the aged facilities:</p>	
<p>R 325.1922</p>	<p>Admission and retention of residents.</p>
	<p>(7) An individual admitted to residence in the home shall have evidence of initial tuberculosis (TB) screening on record in the home that was performed within 12 months before admission. Initial screening may consist of an intradermal skin test, a blood test, a chest x-ray, or other methods recommended by the public health authority. The screening type and frequency of routine TB testing must be determined by a risk assessment as described in the 2005 Morbidity and Mortality Weekly Report (MMWR) "Guidelines for Preventing the Transmission of Mycobacterium tuberculosis in Health-Care Settings, 2005" (http://www.cdc.gov/mmwr/pdf/rr/rr5417.pdf), and the 2019 update to these recommendations as described in the 2019 MMWR Tuberculosis Screening, Testing, and Treatment of U.S. Health Care Personnel: Recommendations from the National Tuberculosis Controllers Association and CDC, 2019? (http://dx.doi.org/10.15585/mmwr.mm6819a3.) These guidelines are adopted by reference and available free of charge at the links specified in this subrule. A copy of these guidelines is available for inspection and distribution from the Bureau of Community and Health Services, Department of Licensing and Regulatory Affairs, at 611 West Ottawa Street, P.O. Box 30664, Lansing, Michigan 48909 at a cost of 15 cents per page as of the time of the adoption by reference of these guidelines. A 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 have to conduct annual TB testing for residents.</p>
<p>The facility was unable to produce evidence that Resident A was screened for TB within 12 months prior to her admission. Resident A moved into the facility on 8/31/24 and her TB screen was completed on 9/20/24.</p>	

R 325.1923	Employee's health.
	<p>(2) A home shall provide initial TB screening at no cost for its employees. New employees shall be screened within 10 days after hire and before occupational exposure. The screening type and frequency of routine TB testing must 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 the 2019 update to these recommendations as described in the 2019 MMWR Tuberculosis Screening, Testing, and Treatment of U.S. Health Care Personnel: Recommendations from the National Tuberculosis Controllers Association and CDC, 2019? (http://dx.doi.org/10.15585/mmwr.mm6819a3.) These guidelines are adopted by reference and available free of charge at the links specified in this subrule. A copy of these guidelines is available for inspection and distribution from the Bureau of Community and Health Services, Department of Licensing and Regulatory Affairs, at 611 West Ottawa Street, P.O. Box 30664, Lansing, Michigan 48909 at a cost of 15 cents per page as of the time of the adoption by reference of these guidelines. A 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.</p>
<p>The facility was unable to produce evidence that Employees 1 and 2 were screened for TB within 10 days after hire, as no records were produced for either staff member. Employee 3 was hired on 10/1/25 and her TB screen was completed on 9/15/25. Employee 4 was hired on 9/27/24 and her TB screen was completed on 4/29/24.</p>	
R 325.1932	Resident's medications.
	<p>(2) Prescribed medication managed by the home must be given, taken, or applied pursuant to labeling instructions, orders and by the prescribing licensed healthcare professional.</p>

Medication administration records (MAR) were reviewed for the previous 8 weeks and the following observations were made:

Resident A missed a dose of acetaminophen, apixaban and triamcinolone cream on 2/11/26. Resident B missed a dose of melatonin, olanzapine, ammonium lactate lotion and Prilosec on 2/16/26. Resident C missed a dose of docusate and ezetimibe on 2/13/26 and 3/12/26. Resident D missed a dose of latanoprost, mirtazapine, Tylenol PM, brimonidine levetiracetam and zinc oxide on 2/16/26. For all of these instances, the MAR was blank and staff failed to document a reason for the missed doses.

REPEAT VIOLATION ESTABLISHED

R 325.1953	Menus.
	(1) A home shall prepare and post the menu for regular and therapeutic or special diets for the current week. Changes shall be written on the planned menu to show the menu as actually served.
A weekly menu was not posted, only lunch and dinner for the current day was observed.	
R 325.1968	Toilet and bathing facilities.
	(4) A resident toilet room or bathroom shall not be used for storage or housekeeping functions.
The “bathiques” located in the memory care unit and on the second floor were being used as storage.	
R 325.1972	Solid wastes.
	All garbage and rubbish shall be kept in leakproof, nonabsorbent containers. The containers shall be kept covered with tight-fitting lids and shall be removed from the home daily and from the premises at least weekly.

Multiple garbage cans throughout the facility, including three in the commercial kitchen did not contain lids.	
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.
Perishable food items in the walk-in refrigerator and freezer lacked proper labeling and/or were not sealed to prevent contamination. REPEAT VIOLATION ESTABLISHED	
R 325.1976	Kitchen and dietary.
	(8) A reliable thermometer shall be provided for each refrigerator and freezer.
A thermometer was missing from both the fridge and freezer in apartments 115, 125, 127 and the memory care kitchen. A thermometer was missing from the fridge only in apartments 106 and 217. REPEAT VIOLATION ESTABLISHED	
R 325.1976	Kitchen and dietary.
	(13) A multi-use utensil used in food storage, preparation, transport, or serving shall be thoroughly cleaned and sanitized after each use and shall be handled and stored in a manner which will protect it from contamination.

<p>The facility uses a high temperature machine to clean the dishes. The facility could not demonstrate that the water temperatures were being tested to ensure they are reaching temperatures high enough to adequately sanitize the dishes. Additionally, a plastic scoop was located inside of a container of sugar. The handle of the scoop was buried within the content of the container, and it was evident that this scoop was being used repeatedly and not sanitized after each use.</p>	
R 325.1979	Kitchen and dietary.
	(1) The building, equipment, and furniture shall be kept clean and in good repair.
<p>I observed a dark, speckled substance that appeared to be mold on the ceiling and wall near an exhaust fan in the first floor laundry room. In the second floor laundry room, I observed corroded and water damaged drywall.</p>	

IV. RECOMMENDATION

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



04/03/2026

Elizabeth Gregory-Weil
Licensing Consultant

Date