



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

MARLON I. BROWN, DPA  
DIRECTOR

April 16, 2026

Kerri Torres  
Aspen Grove Assisted Living  
7515 Secor Rd  
Lambertville, MI 48144

RE: License #: AH580356894  
Aspen Grove Assisted Living  
7515 Secor Rd  
Lambertville, MI 48144

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.

Upon receipt of an acceptable corrective action plan, a regular license will be issued. 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**

|  |   |
|--|---|
| <b>License #:</b>                                | AH580356894   |
| <b>Licensee Name:</b>                            | CSL Aspen Grove, LLC                                  |
| <b>Licensee Address:</b>                         | Suite 160A<br>16301 Quorum Drive<br>Addison, TX 75001 |
| <b>Licensee Telephone #:</b>                     | (972) 770-5600  |
| <b>Administrator/ Authorized Representative:</b> | Kerri Torres  |
| <b>Name of Facility:</b>                         | Aspen Grove Assisted Living                           |
| <b>Facility Address:</b>                         | 7515 Secor Rd<br>Lambertville, MI 48144               |
| <b>Facility Telephone #:</b>                     | (734) 856-4400  |
| <b>Original Issuance Date:</b>                   | 03/28/2014  |
| <b>Capacity:</b>                                 | 83  |
| <b>Program Type:</b>                             | AGED<br>ALZHEIMERS                                    |

## II. METHODS OF INSPECTION

Date of On-site Inspection(s): 04/14/2026

Date of Bureau of Fire Services Inspection if applicable: 08/22/2025

Inspection Type:  Interview and Observation  Worksheet  
 Combination

Date of Exit Conference: 04/14/2026

No. of staff interviewed and/or observed 14

No. of residents interviewed and/or observed 23

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.
- Meal preparation / service observed? Yes  No  If no, explain.
- Fire drills reviewed? Yes  No  If no, explain.  
Bureau of Fire Services reviews fire drills. The Disaster plan was reviewed.
- Water temperatures checked? Yes  No  If no, explain.  
Water temperatures verified via maintenance staff water temperature logs.
- Incident report follow-up? Yes  IR date/s: N/A
- Corrective action plan compliance verified? Yes  CAP date/s and rule/s: CAP dated 9/28/2023 to Licensing Study Report (LSR) dated 9/13/2023: 333.20201(1), R 325.1931(6), R 325.1932(2), R 325.1953(1), R 325.1954, R 325.1979(2)(3), R 325.1981(1)
- CAP dated 3/6/2024 to Special Investigation Report (SIR) 2024A0585023 dated: R 325.1931(2)(6)
- 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 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.**

The facility did not have documentation of an annual Tuberculosis (TB) risk assessment.

Review of Employees #2, #3, #5, and #6's personnel files revealed that TB skin tests were administered on their dates of hire and read two days later, during which time they had already begun orientation on the floor with residents. Additionally, Employee #1's file indicated a hire date of April 29, 2025, and a start date of June 18, 2025; however, she also received her TB skin test on her start date, consistent with other staff. The exact hire date could not be confirmed, and she, like the other staff, received her TB test after potential occupational exposure.

**VIOLATION ESTABLISHED.**

**R 325.1932            Resident's medications.**

**(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.**

Review of Residents A, B, C, D, and E's March 2026 medication administration records (MARs) revealed instances where PRN (as-needed) medications were prescribed for the same diagnosis or purpose without clear direction for staff regarding when to administer one medication over another or whether they should be given together or separately. For example, Resident A was prescribed PRN Acetaminophen, Morphine, and Oxycodone for pain, as well as Haloperidol and Ondansetron for nausea and vomiting. Resident B was prescribed PRN Acetaminophen and Morphine for pain, and Lorazepam and Morphine for shortness of breath. Resident E was prescribed PRN Acetaminophen and Hydrocodone for pain.

Resident B's PRN Loperamide order did not include a documented diagnosis or indication for use. Resident C's PRN orders for Acetaminophen, Antacid, and a Lidocaine patch also lacked documented diagnoses or indications for administration.

**REPEAT VIOLATION ESTABLISHED.**

**[For reference, see LSR dated 9/13/2023, CAP dated 9/28/2023.]**

**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.**

Interview with Employee #1 indicated that residents were prescribed mechanical soft and pureed diets; however, although a weekly therapeutic menu was maintained in the kitchen, it was not posted.

**REPEAT VIOLATION ESTABLISHED.**

**[For reference, see LSR dated 9/13/2023, CAP dated 9/28/2023.]**

**R 325.1979            General maintenance and storage.**

**(2) Hazardous and toxic materials shall be stored in a safe manner.**

Oxygen storage observations revealed that in the 200-hallway oxygen storage closet, one oxygen tank was not secured in a holder, and another tank was placed on top of other tanks. In the 300-hallway oxygen storage closet, one oxygen tank was not secured in a holder.

**REPEAT VIOLATION ESTABLISHED.**

**[For reference, see LSR dated 9/13/2023, CAP dated 9/28/2023.]**

**R 325.1981            Disaster plans.**

**(1) A home shall have a written plan and procedure to be followed in case of fire, explosion, loss of heat, loss of power, loss of water, or other emergency.**

Review of the disaster plan book revealed that written plans and procedures for explosion, loss of heat, and loss of water were not included.

**REPEAT VIOLATION ESTABLISHED.**

**[For reference, see LSR dated 9/13/2023, CAP dated 9/28/2023.]**

**IV. RECOMMENDATION**

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

*Jessica Rogers*

04/16/2026

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Date

Licensing Consultant