



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
DIRECTOR

May 11, 2026

Yehoshua Baumol
Villa at Willow Place
8380 Geddes Rd.
Ypsilanti, MI 48198

RE: License #: AH810287412
Villa at Willow Place
8380 Geddes Rd.
Ypsilanti, MI 48198

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,

A handwritten signature in cursive script that reads "Jessica Rogers".

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

License #:	AH810287412
Licensee Name:	Superior Woods Opco, LLC
Licensee Address:	8380 Geddes Rd Ypsilanti, MI 49198
Licensee Telephone #:	(734) 547-7600
Administrator/Authorized Representative:	Yehoshua Baumol
Name of Facility:	Villa at Willow Place
Facility Address:	8380 Geddes Rd. Ypsilanti, MI 48198
Facility Telephone #:	(734) 547-7600
Original Issuance Date:	01/19/2007
Capacity:	26
Program Type:	AGED

II. METHODS OF INSPECTION

Date of On-site Inspection(s): 05/07/2026

Date of Bureau of Fire Services Inspection if applicable: 08/04/2025

Inspection Type: Interview and Observation Worksheet
 Combination

Date of Exit Conference: 05/07/2026

No. of staff interviewed and/or observed 6
No. of residents interviewed and/or observed 10
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.
- Meal preparation / service observed? Yes No If no, explain.
- Fire drills reviewed? Yes No If no, explain.
Bureau of Fire Services reviews fire drills. Disaster plan was 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: CAP dated 10/25/2023 to Licensing Study Report (LSR) dated 10/4/2023: R 325.1922(5), R 325.1931(3), R 325.1932(2), R 325.1953(1), R 325.1976(13), R 325.1976(6), R 325.1976(8), R 325.1979(2), R 325.1981(1)
- 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:

MCL 333.20173a Covered facility; employees or applicants for employment; prohibitions; criminal history check; procedure; conditional employment or clinical privileges; knowingly providing false information as misdemeanor; prohibited use or dissemination of criminal history information as misdemeanor; review by licensing or regulatory department; conditions of continued employment; failure to conduct criminal history checks as misdemeanor; storage and retention of fingerprints; notification; electronic web-based system; definitions.

(1) Except as otherwise provided in subsection (2), a covered facility shall not employ, independently contract with, or grant clinical privileges to an individual who regularly has direct access to or provides direct services to patients or residents in the covered facility if the individual satisfies 1 or more of the following:

Review of the home's Workforce Background Check (WBC) system showed that all but one employee on the provided staff list had been fingerprinted. Interviews with Employees #1 and #2 indicated that the home had been fingerprinting all staff under its skilled nursing license in the WBC system but had not ensured that the home for the aged license reflected all current employees who have direct access to residents or provide direct services.

VIOLATION ESTABLISHED.

R 325.1921 Governing bodies, administrators, and supervisors.

(1) The owner, operator, and governing body of a home shall do all of the following:

(b) Assure that the home maintains an organized program to provide room and board, protection, supervision, assistance, and supervised personal care for its residents.

Review of the resident census revealed that the home permitted bedside assist devices, and Residents B, C, D, and E were using these devices. Observations showed all devices were attached directly to the bed frames; however, Resident B's device was found to be extremely loose. Review of Residents B, D, and E's records showed that physician orders for the devices were obtained on the day of inspection. Additionally, the service plans for Residents B, C, D, and E were updated on the day of inspection to include the devices in their plans of care.

Review of the facility's Assist Bar Policy dated November 1, 2026, indicated that the use of non-restraint assist bars requires documentation in the service plan identifying the device as a non-restraint assistive aid, an individual assessment confirming it does not restrict movement, the resident's expressed agreement, and ongoing monitoring of the device's condition.

Given that Resident B's device was extremely loose, that service plans were not updated until the day of inspection, and that there was a lack of ongoing monitoring consistent with the facility's policy, the findings demonstrated a lack of an organized program to ensure resident safety and protection.

VIOLATION ESTABLISHED.

R 325.1922 Admission and retention of residents.

(3) At the time of an individual's admission, a home or the home's designee shall complete a written resident admission contract between the resident, the resident's authorized representative, or both, and the home. The resident admission contract must, at a minimum, specify all of the following:

(a) That the home shall provide room, board, protection, supervision, assistance, and supervised personal care consistent with the resident's service plan.

(b) The services to be provided and the fees for the services.

(c) The notice to be provided by the home to the resident, the resident's authorized representative, or both, on any change in fees.

(d) The transportation services that are provided, if any, and the fees for those services.

(e) The home's admission and discharge policy.

(f) The home's refund policy.

(g) The resident's rights and responsibilities, which must include those rights and responsibilities specified in

section 20201(2) and (3) of the act, MCL 333.20201, and section 20202 of the act, MCL 333.20202.

(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.

Interview with Employee #3 revealed that the home did not update Residents A, B, and C’s admission contracts following the change in ownership under the current licensee.

Review of Residents A and B’s records showed that neither had verification of a TB screening whether via intradermal skin test, blood test, chest X-ray, or other method recommended by the public health authority within 12 months prior to admission. For example, Resident A’s records did not contain an initial TB screening at the time of her admission on February 3, 2026. Resident B’s records showed he had a chest CT on February 23, 2023, yet his admission date was February 19, 2026; therefore, he did not have a TB screening within 12 months prior to admission.

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 the Controlled Substance Shift Inventory log for the 600-hall medication cart showed that staff did not consistently document completion of the narcotic count. For example, entries for May 4 and May 5, 2026, were left blank for one or more shifts.

Additionally, review of Residents A and B's April 2026 medication administration records (MARs) revealed multiple dates where one or more medication administration fields were left blank, making it impossible to determine whether the medications were administered as ordered. For example, Resident A's MAR had blank entries on April 3, 9, and 14, 2026. Resident B's MAR had blank entries on April 7 and April 29, 2026.

REPEAT VIOLATION ESTABLISHED.

[For reference, see LSR dated 10/4/2023 to CAP dated 10/25/2023]

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 #3 revealed that one resident required a mechanical soft diet. Observations showed that the home posted the regular weekly menu but did not post weekly therapeutic diet menus.

REPEAT VIOLATION ESTABLISHED.

[For reference, see LSR dated 10/4/2023 to CAP dated 10/25/2023]

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.

Observation of the dish machine temperature log for May 2026 revealed staff were to complete dish machine temperatures for breakfast, lunch and dinner; however, the dish machine temperatures were not taken for the dinner meals from May 1 through May 6, 2026.

REPEAT VIOLATION ESTABLISHED.

[For reference, see LSR dated 10/4/2023 to CAP dated 10/25/2023]

R 325.1976 Kitchen and dietary.

(8) A reliable thermometer shall be provided for each refrigerator and freezer.

Observation of Resident E's refrigerator showed that a temperature log was maintained requiring staff to record temperatures twice daily. The log was left blank for one or more temperature checks between May 1 and May 6, 2026.

REPEAT VIOLATION ESTABLISHED.

[For reference, see LSR dated 10/4/2023 to CAP dated 10/25/2023]

IV. RECOMMENDATION

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

Jessica Rogers

05/11/2026

Date

Licensing Consultant