



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

MARLON I. BROWN, DPA  
DIRECTOR

May 13, 2026

Jenice Choate  
Noah Senior Living LLC  
11829 N. Canton Center  
Plymouth, MI 48170

RE: License #: AS630419820  
**OakBrook Senior Living**  
**118 Canal Street**  
**Milford, MI 48381**

Dear Jenice Choate:


Attached is the Renewal Licensing Study Report for the facility referenced above. You have submitted an acceptable written corrective action plan addressing the violations cited in the report. To verify your implementation and compliance with this corrective action plan:

- You are to submit documentation of compliance.
- You are to submit a Statement of Correction.

The study has determined substantial compliance with applicable licensing statutes and administrative rules. Therefore, your license is renewed. It is valid only at your present address and is nontransferable.

Please contact me with any questions. In the event that I am not available and you need to speak to someone immediately, you may contact the local office at (248) 972-9136.

Sincerely,

A handwritten signature in cursive script that reads "Frodet Dawisha".

Frodet Dawisha, Licensing Consultant  
Bureau of Community and Health Systems  
Cadillac Place  
3044 W. Grand Blvd.  
2<sup>nd</sup> Floor Annex, Ste 2-703  
Detroit, MI 48202  
(248) 303-6348

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

**I. IDENTIFYING INFORMATION**

<b>License #:</b>	AS630419820
<b>Licensee Name:</b>	Noah Senior Living LLC
<b>Licensee Address:</b>	118 Canal Street Milford, MI 48381
<b>Licensee Telephone #:</b>	(734) 634-6102
<b>Administrator/Licensee Designee:</b>	Jenice Choate
<b>Name of Facility:</b>	OakBrook Senior Living
<b>Facility Address:</b>	118 Canal Street Milford, MI 48381
<b>Facility Telephone #:</b>	(734) 634-6102
<b>Original Issuance Date:</b>	11/18/2025
<b>Capacity:</b>	6
<b>Program Type:</b>	PHYSICALLY HANDICAPPED AGED ALZHEIMERS

## II. METHODS OF INSPECTION

Date of On-site Inspection(s): 05/13/2026

Date of Bureau of Fire Services Inspection if applicable: N/A

Date of Health Authority Inspection if applicable: N/A

No. of staff interviewed and/or observed 1

No. of residents interviewed and/or observed 1

No. of others interviewed 1 Role: LD

- Medication pass / simulated pass observed? Yes  No  If no, explain.
- Medication(s) and medication record(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.
- Fire safety equipment and practices observed? Yes  No  If no, explain.
- E-scores reviewed? (Special Certification Only) Yes  No  N/A   
If no, explain.
- Water temperatures checked? Yes  No  If no, explain.
- Incident report follow-up? Yes  No  If no, explain.
- Corrective action plan compliance verified? Yes  CAP date/s and rule/s:  
N/A
- Number of excluded employees followed-up? N/A
- Variances? Yes  (please explain) No  N/A

### III. DESCRIPTION OF FINDINGS & CONCLUSIONS

This facility was found to be in non-compliance with the following rules:

<b>R 400.645</b>	<b>Environmental health.</b>
	(3) A licensee shall provide hot and cold running water under pressure. A licensee shall maintain the hot water temperature for a resident's use at a range of 105 degrees Fahrenheit to 120 degrees Fahrenheit at the fixture.

During the on-site inspection on 05/12/2026, the hot water in the bathroom located in the dining room was at 122.2° Fahrenheit, which is outside the safe range of 105°-120° Fahrenheit.

<b>R 400.647</b>	<b>Safety and maintenance of premises.</b>
	(5) Floors, walls, and ceilings must be cleanable, maintained clean, and in good repair.

During the on-site inspection on 05/12/2026, I was informed by the licensee designee Jenice Coate that there was a flood at this facility. The floors and the wall near the bedroom doors were damaged and in bedroom #1 and in bedroom #2.

<b>R 400.655</b>	<b>Bathrooms.</b>
	(3) Bathrooms must have doors with positive-latching, non-locking-against-egress hardware. Hooks, bolts, bars, and other similar devices are prohibited on bathroom doors.

During the on-site inspection on 05/12/2026, the bathroom located in the dining room was not equipped with positive-latching, non-locking-against-egress hardware.

<b>R 400.691</b>	<b>Resident records.</b>
	(1) A licensee shall complete and maintain a separate record for each resident that includes all of the following: (g) Admission and monthly weight record.

During the on-site inspection on 05/12/2026, Resident A did not have her weight recorded at admission. Her admission date was 05/06/2026.

A corrective action plan was requested and approved on 05/12/2026. It is expected that the corrective action plan be implemented within the specified time frames as outlined in the approved plan. A follow-up evaluation may be made to verify

compliance. Should the corrections not be implemented in the specified time, it may be necessary to reevaluate the status of your license.

**IV. RECOMMENDATION**

I recommend issuance of a 2-year regular adult foster care license.

*Frodet Dawisha*

05/13/2026

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Frodet Dawisha  
Licensing Consultant

Date