



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
DIRECTOR

June 11, 2026

Robert Cain
University Living
2865 S. Main Street
Ann Arbor, MI 48103

RE: License #: AH810401699
University Living
2865 S. Main Street
Ann Arbor, MI 48103

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#:	AH810401699
Licensee Name:	Ann Arbor Senior Housing OPCO, LLC
Licensee Address:	Ste 310 One Town Center Rd Boca Raton, FL 33486
Licensee Telephone #:	(561) 300-6263
Authorized Representative:	Robert Cain
Administrator:	Gayle Gandy
Name of Facility:	University Living
Facility Address:	2865 S. Main Street Ann Arbor, MI 48103
Facility Telephone #:	(734) 669-3030
Original Issuance Date:	05/26/2021
Capacity:	90
Program Type:	ALZHEIMERS AGED

II. METHODS OF INSPECTION

Date of On-site Inspection(s): 06/09/2026

Date of Bureau of Fire Services Inspection if applicable: 06/18/2025

Inspection Type: Interview and Observation Worksheet
 Combination

Date of Exit Conference: 06/09/2026

No. of staff interviewed and/or observed 16

No. of residents interviewed and/or observed 22

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.
- Incident report follow-up? Yes IR date/s: N/A
- Corrective action plan compliance verified? Yes CAP date/s and rule/s: CAP dated 12/4/2023 to Licensing Study Report (LSR) dated 11/17/2023: R 325.1923(2), R 325.1931(6), R 325.1932(2), R 325.1954, 333.20173a
- CAP dated 1/10/2025 to Special Investigation Report (SIR) 2025A1022006 dated 12/19/2024: R 325.1932(2), 333.20175
- 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 325.1921 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.

For Reference:

R 325.1901 Definitions.

(s) "Protection" means the continual responsibility of the home to take reasonable action to ensure the health, safety, and well-being of a resident as indicated in the resident's service plan, including protection from physical harm, humiliation, intimidation, and social, moral, financial, and personal exploitation while on the premises, while under the supervision of the home or an agent or employee of the home, or when the resident's service plan states that the resident needs continuous supervision.

Review of the resident census identified five residents using bedside assistive devices.

Observations showed:

- Resident B had a half rail bolted to the bed frame.
- Resident D had a half rail that slid under the mattress and moved with minimal effort.
- Residents G, H, and J had one or two halo devices attached to their bed frames; devices for Residents G and J were loose.

Review of service plans for Residents B, D, G, and H confirmed acknowledgment of device use. However, the home's Bed Mobility and Durable Medical Equipment policy (dated May 9, 2024) requires devices to be securely installed, mechanically sound, ordered by a physician, and supported by service plans including observation frequency. Employee #3 stated the home did not maintain physician orders for these

devices. Residents B and D had signed negotiated risk agreements after declining or being unable to afford the recommended halo devices.

Observations showed some devices were loose or improperly attached, service plans lacked required staff instructions, and the home did not maintain physician orders for use of the devices. Therefore, a violation was substantiated for failure to ensure resident safety and protection in accordance with the home's own policy.

VIOLATION ESTABLISHED.

R 325.1922 Admission and retention of residents.

(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.

Residents' Tuberculosis (TB) screenings were completed after their admission dates; despite the requirement that TB testing occur within 12 months prior to admission.

For example:

- Resident A was admitted on August 11, 2025; TB test dated August 13, 2025.
- Resident B was admitted on March 26, 2025; TB test dated July 8, 2025.
- Resident C was admitted on July 31, 2025; TB test dated August 1, 2025.
- Resident F was admitted on February 25, 2025; TB test dated March 2, 2025.
- Employee #2 reported that TB records for Residents G and H were removed by the previous licensee, and both residents were re-tested on January 23, 2025, long after their original admission dates.

VIOLATION ESTABLISHED.

R 325.1931 Employees; general provisions.

(3) The home shall designate 1 person on each shift to be supervisor of resident care during that shift. The supervisor of resident care shall be fully dressed, awake, and on the premises when on duty.

The staff schedule for June 1–7, 2026, showed that no shift supervisor was designated for the day shift on June 1 and June 4.

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 Resident A’s May 2026 MAR showed blank entries for the evening doses of Acetaminophen on May 12 and May 23.

Review of Resident E’s May 2026 MAR showed that a seven-day course of Macrochantin was not administered. Staff recorded inconsistent reasons, including refusal, lack of availability, or references to progress notes, making it unclear why doses were not given. Additionally, Resident E was prescribed Macrobid on May 30, with the morning dose recorded as administered and the evening dose documented as unavailable, leaving it unclear whether the medication was truly available.

REPEAT VIOLATION ESTABLISHED.

[For reference, see LSR dated 11/17/2023, CAP dated 12/4/2023, SIR dated 12/19/2024 to CAP dated 1/10/2025]

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.

The weekly menu, including special or therapeutic diet menus, was not posted. Employee #1 reported that residents are prescribed special diets such as pureed and mechanical soft, but these menus were not displayed as required.

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.

Review of the May 2026 food temperature log showed it was left blank for all three meals from May 24 through May 28.

VIOLATION ESTABLISHED.

R 325.1976 Kitchen and dietary.

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

Inspection of small preparation refrigerators in the kitchen's cooking area found they were missing thermometers. In addition, the refrigerator and freezer in room 209 did not contain thermometers, and the freezer in room 250 also lacked a thermometer.

VIOLATION ESTABLISHED.

IV. RECOMMENDATION

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

Jessica Rogers

06/11/2026

Licensing Consultant

Date