GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
DIRECTOR

July 16, 2026

Lorenzo Cavaliere
Belmar Oakland
5990 Adams Road
Troy, MI 48098

RE: License #: AH630369651
Belmar Oakland
5990 Adams Road
Troy, MI 48098

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 licensee or licensee designee or home for the aged authorized representative 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,

Jennifer Heim, Licensing Staff
Bureau of Community and Health Systems
611 W. Ottawa Street
Lansing, MI 48909
(313) 410-3226
enclosure

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

I. IDENTIFYING INFORMATION

Licensee #:	AH630369651
Licensee Name:	Windemere Park of Troy Operations LLC
Licensee Address:	Suite 300 30078 Schoenherr Rd. Warren, MI 48088
Licensee Telephone #:	(586) 563-1500
Authorized Representative:	Lorenzo Cavaliere
Administrator/Licensee Designee:	Carry Davis
Name of Facility:	Belmar Oakland
Facility Address:	5990 Adams Road Troy, MI 48098
Facility Telephone #:	(248) 602-2400
Original Issuance Date:	05/02/2016
Capacity:	69
Program Type:	AGED ALZHEIMERS

II. METHODS OF INSPECTION

Date of On-site Inspection(s): 6/25/2026

Date of Bureau of Fire Services Inspection if applicable: 4/28/2026, 5/13/2026

Inspection Type: ☐ Interview and Observation ☒ Worksheet ☐ Combination

Date of Exit Conference: 06/25/2026

No. of staff interviewed and/or observed 8
No. of residents interviewed and/or observed 8
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.
- Meal preparation / service observed? Yes ☒ No ☐ If no, explain.

- Fire drills reviewed? Yes ☐ No ☒ If no, explain.
  The Bureau of Fire Services reviews fires drills, however 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: N/A
- Number of excluded employees followed up? N/A ☒

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

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

R 325.1932 Resident's medications.

(1) Medication shall be given, taken, or applied pursuant to labeling instructions or orders by the prescribing licensed health care professional.

- Resident A had multiple missed doses of Risperidone and Mirtazapine on afternoon shift during the month of May 2026.
- Resident B Medication Administration Record had missed doses of Tylenol and Albuterol in the month of June 2026.

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.
(7) Perishable foods shall be stored at temperatures which will protect against spoilage.

- Multiple perishable food items in the commercial kitchen were not properly labeled, dated or sealed. These items include but

- Refrigerators observed warmer than recommended temperatures within the kitchenette on the first floor and medication room. Thermometer noted on refrigerator without record keeping ensuring proper food storage maintenance. Resident personal refrigerators observed throughout units without thermometers.

IV. RECOMMENDATION

Contingent upon receipt of an acceptable corrective action plan, renewal of the license is recommended.

07/16/2026

_____

Jennifer Heim, Health Care Surveyor Date
Long-Term-Care State Licensing Section