GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
DIRECTOR

July 23, 2026

Hemant Shah
Cranberry Park West Bloomfield LLC
25500 Meadowbrook Rd. Suite 230
Novi, MI 48375

RE: License #: AH630402042
Investigation #: 2026A0784038
Cranberry Park of West Bloomfield

Dear Hemant Shah:

Attached is the Special Investigation Report for the above-mentioned facility. Due to the violations identified in the report, a written corrective action plan is required. 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 time frames 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 responsible party and a date.

Please review the enclosed documentation for accuracy and contact me with any questions. If I am not available and you need to speak to someone immediately, please contact the local office at (517) 335-5985.

Sincerely,

Aaron L Clum

Aaron Clum, Licensing Staff
Bureau of Community and Health Systems
611 W. Ottawa Street
P.O. Box 30664
Lansing, MI 48909
(517) 230-2778

MICHIGAN DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
BUREAU OF COMMUNITY AND HEALTH SYSTEMS
SPECIAL INVESTIGATION REPORT

I. IDENTIFYING INFORMATION

License #:	AH630402042
Investigation #:	2026A0784038
Complaint Receipt Date:	06/18/2026
Investigation Initiation Date:	06/18/2026
Report Due Date:	08/17/2026
Licensee Name:	Cranberry Park West Bloomfield LLC
Licensee Address:	25500 Meadowbrook Rd Suite 230 Novi, MI 48375
Licensee Telephone #:	(248) 692-4355
Administrator:	Eric Simcox
Authorized Representative:	Hemant Shah
Name of Facility:	Cranberry Park of West Bloomfield
Facility Address:	2450 Haggerty Rd West Bloomfield, MI 48323
Facility Telephone #:	(248) 671-4204
Original Issuance Date:	03/10/2022
License Status:	REGULAR
Effective Date:	08/01/2026
Expiration Date:	07/31/2027
Capacity:	53
Program Type:	ALZHEIMERS AGED

II. ALLEGATION(S)

	Violation Established?
Memory care was short Staffed	No
Medications were not administered timely	Yes
The kitchen and food utensils are unsanitary	No
Inadequate care for Resident A	No
Additional Findings	No

III. METHODOLOGY

06/18/2026	Special Investigation Intake 2026A0784038
06/18/2026	Special Investigation Initiated - Telephone Interview with complainant
06/18/2026	Inspection Completed On-site
07/24/2026	Exit - Email Report sent

ALLEGATION:

Memory care is short Staffed

INVESTIGATION:

On 6/18/2026, the department received this online complaint. According to the complaint, the facility does not have enough Staff to meet the needs of the residents. No details pertaining to dates, times, resident or Staff names were provided in this complaint.

On 6/18/2026, I interviewed complainant by telephone. Complainant stated the memory care (MC) is short staffed on third shift. Complainant stated that memory care MC often only has one Staff member.

On 6/18/2026, I interviewed Staff 1 at the facility. Staff 2 was present during the interview. Staff 1 stated MC is staffed separately from assisted living (AL). Staff 1 denied that MC is only staffed with one person. Staff 1 stated there are currently 23

residents in MC. Staff 1 stated that for first shift, one medication technician (med tech) and two care staff are scheduled in MC. Staff 1 stated all med techs are also trained caregivers and expected to provide care when not passing medications. Staff 1 stated that for second shift, one med tech and one care Staff are scheduled. Staff 1 stated second shift MC has less medications to pass resulting in the reduction in scheduled med techs. Staff 1 stated that for third shift, due to the decrease in care needs at that time, one care staff is scheduled. Staff 1 stated that one med tech is scheduled to pass medications on third shift for both the AL and MC as very few medications passes happen during that shift. Staff 1 stated the med tech also provides care when not passing medications.

I reviewed the resident roster, provided by Staff 2, which read consistently with Staff 1's statements.

I reviewed the facilities "as worked" Staff schedules for June 2026, provided by Staff 2, which read consistently with Staff 1's statements.

APPLICABLE RULE	
R 325.1931	**Employees; general provisions.**
	(5) The home shall have adequate and sufficient Staff on duty at all times who are awake, fully dressed, and capable of providing for resident needs consistent with the resident service plans.
ANALYSIS:	Based on the findings, the allegation is not substantiated.
CONCLUSION:	**VIOLATION NOT ESTABLISHED**

ALLEGATION:

Medications were not administered as prescribed

INVESTIGATION:

According to the complaint, resident medications were not always administered on time. No resident names, dates or times were provided regarding this complaint.

When interviewed, complainant stated morning medications often do not get administered on time. Complainant was unable to provide specific resident names but stated it is a common occurrence.

On 6/18/2026, I interviewed Staff 3 at the facility. Staff 3 stated that medications are not always passed "perfectly" but that he believed Staff are consistently passing

medications within the appropriate time frame of an hour before or after the medications are scheduled.

I reviewed the facilities Med Variance record between 6/01/2026 and 6/18/2026, provided by Staff 2. The record included any medication passed outside of the allotted timeframe for all residents within the date range noted. According to the record, 3227 medications were passed outside of the appropriate timeframe.

APPLICABLE RULE	
R 325.1932	**Residents 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.
ANALYSIS:	Based on the findings, the allegation is substantiated.
CONCLUSION:	**VIOLATION ESTABLISHED**

ALLEGATION:

The kitchen and food utensils are unsanitary

INVESTIGATION:

According to the complaint, the kitchen as well as utensils used to prepare food for residents were observed to be unsanitary. No additional details were provided regarding this complaint.

When interviewed, complainant stated the refrigerator in the kitchen often smelled like it had spoiled food inside. Complainant stated the kitchen area in general was not cleaned regularly and that the utensils used did not appear cleaned.

During the onsite, I observed the kitchen area including the refrigerator, freezer, dry storage and all drawers with utensils inside. The kitchen was generally clean with some dishes in the sink that had not been cleaned with some food residue on the counters which appeared to be related to the fact that it was lunch time and food was still being served to residents. The smell in the kitchen did not match the description in the complaint and the kitchen utensils appeared to be clean.

APPLICABLE RULE	
R 325.1976	**Kitchen and dietary.**
	(5) The kitchen and dietary area, as well as all food being stored, prepared, served, or transported, shall be protected against potential contamination from dust, flies, insects, vermin, overhead sewer lines, and other sources. **(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.**
ANALYSIS:	Based on the findings, the allegation is not substantiated.
CONCLUSION:	**VIOLATION NOT ESTABLISHED**

ALLEGATION:

Inadequate care for Resident A

INVESTIGATION:

When interviewed, complainant stated Resident A does not received showers she is supposed to get often not being showered for weeks. Complainant stated Resident A is supposed to have a pendent to summons Staff and that Staff took the pendent from her room so she is unable to do so.

When interviewed, Staff 3 denied the allegation. Staff 3 stated Resident A is offered bathing at least twice a week and, at times, has been bathed more than twice a week. Staff 3 stated Resident A will occasionally refuse but that she is consistently assisted with bathing. Staff 3 stated he was not aware of any issues related to Resident A's pendent.

On 6/18/2026, I interviewed Resident A at the facility. Resident A appeared clean and well-groomed and was very pleasant during the interview. I observed Resident A's call pendent hanging around her neck. Resident A stated she uses her pendent to notify Staff when she needs assistance. Resident A stated Staff come when she uses the pendent. Resident A stated Staff treat her well and respond "within a few minutes" when she uses the pendent. Resident A stated Staff assist her with taking a shower which she stated is "at least a couple times a week".

I reviewed Resident A's ADL (activities of daily living) log for May and June 2026, provided by Staff 2 used to track when showers are offered to Resident A. The log read consistently with statements provided by Staff 3 and Resident A.

APPLICABLE RULE	
R 325.1931	**Employees; general provisions.**
	(2) A home shall treat a resident with dignity and his or her personal needs, including protection and safety, shall be attended to consistent with the resident's service plan.
ANALYSIS:	Based on the findings, the allegation is not substantiated.
CONCLUSION:	**VIOLATION NOT ESTABLISHED**

IV. RECOMMENDATION

Upon receipt of an acceptable correction action plan, it is recommended that the status of the license remain unchanged.

Aaron L Clum 7/15/2026

Aaron Clum Date
Licensing Staff

Approved By:

Andrea L Moore 07/23/2026

Andrea L. Moore, Manager Date
Long-Term-Care State Licensing Section