GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
DIRECTOR

July 7, 2026

Surindar Jolly
Brownstown Forest View Assisted Living
19341 Allen Rd.
Brownstown, MI 48183

RE: License #: AH820238949
Investigation #: 2026A1035027
Brownstown Forest View Assisted Living

Dear Licensee:

Attached is the Special Investigation Report for the above referenced facility. Due to the severity of the violations, disciplinary action against the license is recommended.

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 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
SPECIAL INVESTIGATION REPORT

I. IDENTIFYING INFORMATION

License #:	AH820238949
Investigation #:	2026A1035027
Complaint Receipt Date:	02/20/2026
Investigation Initiation Date:	02/23/2026
Report Due Date:	04/22/2026
Licensee Name:	Brownstown Assisted Living Center LLC
Licensee Address:	19335 Allen Road Brownstown, MI 48183
Licensee Telephone #:	(734) 658-4308
Administrator/ Authorized Representative:	Surindar Jolly
Name of Facility:	Brownstown Forest View Assisted Living
Facility Address:	19341 Allen Rd. Brownstown, MI 48183
Facility Telephone #:	(734) 675-2700
Original Issuance Date:	08/14/2002
License Status:	REGULAR
Effective Date:	08/01/2025
Expiration Date:	07/31/2026
Capacity:	76
Program Type:	AGED

II. ALLEGATION(S)

	Violation Established?
The Facility does not provide an organized program to maintain safety and protection of the Residents residing in home.	Yes
Additional Findings	Yes

The complaint alleged resident elopement which was investigated in Special Investigation Report 2026A0628025.

III. METHODOLOGY

02/20/2026	Special Investigation Intake 2026A1035027
02/23/2026	Special Investigation Initiated - Letter
03/04/2026	Contact - Face to Face
03/09/2026	Contact – Face to Face
03/26/2026	Contact – Face to Face

ALLEGATION:

The Facility does not provide an organized program to maintain safety and protection of the Residents residing in home.

INVESTIGATION:

On February 19, 2026, the Department received a complaint through the online complaint system which read:

> "Front door does not latch and lock. Facility is for patients with Dementia and supposed to prevent elopement. A patient recently walked out and froze to death 2/3/26. Door has not been fixed and continues to be safety concern. Patient A has not had a change of clothes in 7 days. Window in patient room has a broken screen, allowing patients ability to elope, no alarms on windows."

On February 20, 2026, the Department received a complaint forwarded from Adult Protective Services (APS) which read:

> "Resident A is diagnosed with dementia. There are concerns for the level of care Resident A is receiving at Brownstown Forest View Assisted Living. Resident A was admitted on 02/09/26 and as of 02/15/26 remained in the same clothes she

arrived in and has not been showered. When brought to staff attention they say they will address it but have not. Resident A's room has not been cleaned since her arrival either. On 02/25/26, Resident A was served raw meatloaf for dinner. The meatloaf was still red/pink in the middle, and an alternative meal was denied. There are concerns Resident A may not be receiving her medications properly either, although there are no noticeable signs she is not. The door leading to the outside is not properly secured as it does not latch properly. On 02/02/26, another resident got out of the facility and froze to death 200 feet from the door. The door has not been repaired since this occurred, leaving other residents at risk. There is not adequate staffing to monitor the door to ensure residents don't elope. The front desk and halls are not consistently staffed/monitored. No precautions have been taken to prevent further incidents until the door can be repaired/replaced."

APS did not open an investigation pertaining to the allegations.

On March 4, 2026, an onsite investigation was conducted. While onsite, I interviewed Staff Person (SP)1 who states she is unaware of care concerns related to any residents. SP1 states the front door had been fixed and there is a sign on the door to remind staff and family to check that the door has been secured.

Through direct observation: The following empty resident rooms contained old food and outdated food in room refrigerators, garbage, broken down furniture, broken window screens, dismantled HVAC units, and other resident safety hazards:

100, 106, 108, 109, 114, 118, 120, 125, 126, 127, 201, 202, 204, 205, 207, 208, 209, 211, 212, 213, 214, 218, 219, 220, 221, 222, 226, 227, and 228

Through direct observation, the front door was observed to not latch at times, which is resulting in the door alarm not being engaged and alerting. The back west door has a 15 delay, upon exiting, the alarm sounds, but resets after 29 seconds. The second floor to the egress stairwells does not alarm. The door leading to the back east door, which has a key fob pad, is not locked nor does it alarm when opened.

Through record review:

- Resident A's service plan indicated Resident A receives two showers per week. The facility provided no shower sheets for the months of February and March. Four showers documented for the month of February and three of six assigned showers completed during the month of March. ADL documentation is minimal to nonexistent "Bladder Documentation, Call light in reach, Fresh water to be given every shift, trash emptied from resident room," every shift not documented on afternoon shift and midnight shift in the months of February and March. Safety checks every 2 hours had minimal to nonexistent documentation 0800 a.m. to 1400 p.m. no charting occurred during the hours of 18:00 p.m. to 06:00 a.m.

- Resident B missed 10 doses of Carbidopa – Levodopa 25-100mg and 6 Nystatin powered application's for the month of February. No shower sheets provided. Resident B's service plan indicated Resident B receives showers two times a week. Resident B received 4 showers in the month of February and six showers in the month of March. Minimal to non-existent ADL charting on day shift with no charting occurring on afternoon shift and midnight shift. Safety checks every 2 hours had minimal to nonexistent documentation 0800 a.m. to 1400 p.m. no charting occurred during the hours of 18:00 p.m. to 06:00 a.m.

  During the month of February Resident B had multiple doses of ordered medications missed/ not charted of Carbidopa – Levodopa 25-100mg and Nystatin.

- Resident C 5 showers were provided in December, 2 showers charted in January, and no shower sheets were provided for the month of February or March. Resident C's service plan indicated Resident C receives showers two times a week. Resident C received 3 showers in the month of February and 2 showers in the month of March. Minimal to non-existent ADL charting on day shift with no charting occurring on afternoon shift and midnight shift. Safety checks every 2 hours had minimal to nonexistent documentation 0800 a.m. to 1400 p.m. no charting occurred during the hours of 18:00 p.m. to 06:00 a.m.

  During the month of February Resident C had multiple doses of ordered medications missed/ not charted as given inclusive of but not limited to Digoxin 125 mcg, Levothyroxine 50 mcg, Potassium Chloride ER, Metoprolol 100mg, Lactic Acid, and Nystatin.

  Resident C states she has not been out of bed since her admit to the facility 7/23/2024. Resident C states her chair is broken and will not fit through the door. Wheelchair observed in Resident C's bathroom. Wheelchair appears to be in working order. It was difficult maneuvering the unoccupied wheelchair through the doorway related to it touching both sides of the door frame. Facility staff confirm they have never seen Resident C out of bed. Hoyer lift with slings observed in storage room. SP2 states they have been told not to utilize Hoyer lift related to it being a "liability."

- Resident D service plan states 2 scheduled showers a week. No shower sheets provided. Resident D received 2 showers in the month of February and 2 showers in the month of March. Minimal ADL charting on day shift with no charting occurring on afternoon shift and midnight shift. Safety checks every 2 hours had minimal to nonexistent documentation 0800 a.m. to 1400 p.m. no charting occurred during the hours of 18:00 p.m. to 06:00 a.m.

  During the month of February Resident D had multiple ordered medications

not charted as given inclusive of but not limited to Aspirin 81mg, Atorvastatin 40mg, Clopidogrel 75mg, Cyanocobalamin, Levothyroxine, and Losartan.

- Resident E's service plan indicates 2 showers a week should be provided. No shower sheets provided Resident E received 1 shower in the month of February and 1 shower in the month of March. Minimal ADL charting on day shift with no charting occurring on afternoon shift and midnight shift. Safety checks wrote to be completed every 2 hours around the clock, minimal charting occurred on day shift with no charted safety checks completed on afternoon shift and midnight shift.

  During the month of February Resident E had multiple ordered medications not charted as given inclusive of but not limited to Aspirin 81mg, Lipitor 80mg, Cetirizine HCL 10 mg, Multivitamin, Baclofen 20mg, Hydrocodone HCL 10mg, Vitamin A & D.

On March 4, 2026, an exit conference was conducted with SP1, Andrea Moore State Licensing Supervisor addressing observations during survey. An immediate action plan was requested to address immediate resident safety risk noted above.

On March 4, 2026, SP reported plan is stated as follows:

> "All unoccupied apartment doors have been secured using deadbolt locks and secure black tape placed over the lock entrance, door jambs, and handles. These doors cannot be opened or accessed at this time. All employees have been notified in person, in writing, and via our secure, encrypted WhatsApp staff communication platform that no unoccupied apartments may be entered under any circumstances.
>
> The following apartment doors have been secured:
> 100, 106, 108, 109, 114, 118, 120, 125, 126, 127, 201, 202, 204, 205, 207, 208, 209, 211, 212, 213, 214, 218, 219, 220, 221, 222, 226, 227, and 228.
>
> On March 5, 2026 (morning), we will begin installing new deadbolt locking mechanisms and door handles on all unoccupied apartment doors. These locks will utilize a key system that differs from the master key used by care staff for occupied apartments, ensuring that unoccupied units remain inaccessible to staff.
>
> Additionally, all furniture and stored items will be removed from these rooms on March 5, 2026.
>
> Please advise if this plan and confirmation meet the expectations for March 4, 2026. I will submit the full Corrective Action Plan (CAP), along with assurance of completion for the remaining items, on Thursday, March 5, 2026."

On March 9, 2026, a second onsite survey was conducted. While onsite rooms noted above had been secured and efforts made to remove furniture and debris have started. It was identified during this survey that there were multiple leaks in the boiler room from the water pipes and ceiling. Buckets observed with standing water in them. Hot water temperature registered well above the recommended 105-degree Fahrenheit to 120 degrees Fahrenheit. Employee restroom water temperature 129 degrees Fahrenheit, Resident room water temperature assessed and read 132 degrees Fahrenheit. Egress door continued to reset independently after 29 seconds after being triggered.

On March 12, 2026, SP1 responded to concerns observed on March 9, 2026, during onsite inspection:

"**March 10, 2026 and March 11, 2026.**
FSS Technologies came into the building and addressed:

- Per FSS Technologies, all entry and exit doors, with alarms, are "*all doors are fully working and armed and report two panel systems are back online and fully clear"* per work order W-30778, March 10, 2026.
  - Manual reset is by key or key fob.
  - Reset of entire FSS alarm system within building:
    - A new code was established for the entire system.
    - Twenty (20) new key FOBS were issued for the doors. These will be assigned and accounted for by the Director.
    - All previous FOBs will be turned off to prohibit access into the building itself potential outside sources.
  - New door estimate for the front entry doors received and discussed with owner and will be pursued.
  - Invoice received, and follow-up initiated with FSS Technologies regarding alarms.

ISSUE: *When walking through the boiler room, there were several leaks. The leaks appeared to be both from the roof and from the boiler piping. Additionally, the water temperature in the building was found to be much higher than allowed. Specifically, administrative rule 325.1970(7) states:*

(7) The temperature of hot water at plumbing fixtures used by residents shall be regulated to provide tempered water at a range of 105 to 120 degrees Fahrenheit.

The water temperature in the employee's bathroom was 129 degrees and the water temperature in resident room 124 was 132 degrees.

INITIAL CORRECTIVE ACTION PLAN:
BOILER ROOM

- Walk-through completed with appropriate person(s).
- Quote had been received from Superior Comfort (Gill Plumbing) on 02/26/26 for replacement of all cooper piping and one entire boiler.
- Repair of leak(s) in piping was completed on 02/26/26.

- Water temperatures are being tested in multiple rooms daily.
    - On 3/11/26:
        - Employee bathroom 126 degrees.
        - Room 127 bathroom 128 degrees.
        - Room 121 bathroom 119 degrees.
        - Public restroom 120 degrees.
- Meeting held to discuss quote, elevated temperature and approval.
- Additional quote on 03/12/26 will be achieved.
- Replacement of boiler and all cooper piping to be completed with actual date (soon) to be determined at this time depending on product, scheduling, etc.
- Monitoring of water temperature throughout building and in the boiler itself.
- Caution signage being posted for elevated temperature of water.
- A completion date will be forwarded at earliest possibility.

ROOF

- Napier Construction will be providing an updated quote regarding the roof system replacement and correction of issues.
    - Original quote and work completed/received in July 2025.
- Two (2) leaks were identified in the boiler room.
    - Maintenance manager has/is addressing this issue.
    - Napier Construction has/is addressing this issue.

ADDITIONAL INFORMATION

- Lee's Fire Protection on 03/12/26 and 03/13/26.
    - Lee's Fire Protection will be conducting our annual inspection on all sprinkler systems, exit and entry door alarms, range hood/kitchen inspection on 03/12/26 (range hood) and remaining items on 03/13/26 per the State of Michigan Fire Marshal requirements. This was last completed in March 2025.
        - Additional information will be forwarded once received.

On March 26, 2026, an onsite inspection was conducted. Water temperatures in room 124 read 132.5 degrees Fahrenheit and 129 degrees Fahrenheit in staff restroom. Pipes continue to leak in the boiler room with five-gallon bucket collecting water. Five-gallon bucket ¾ full of water. Electrical panel observed open in boiler room. Two handheld fire extinguishers observed unsecured on floor in residents hallway. Egress door continues to reset independently after 36 seconds after being triggered. When exiting facility parking lot duct tape observed securing window screen in the resident room.

APPLICABLE RULE	
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.**
ANALYSIS:	The facility utilizes multiple vacant rooms as storage areas for furniture, garbage, equipment, broken HVAC systems, and broken window frames. Facility front door does not secure after each opening. The egress door alarms 26 seconds then resets without employee encounter. Resident records of five residents reviewed are missing significant documentation related to medications, showers, and activities of daily living. The facility has the equipment to assist with Resident C transfers and choose to not utilize the Hoyer lift.
CONCLUSION:	**VIOLATION ESTABLISHED**

ADDITIONAL FINDINGS:

The Facility does not maintain a water management program.

INVESTIGATION:

While onsite, multiple toilets observed in vacant rooms without water. Approximately 5 toilets observed with standing water, film on water and dark black substance appearing around brim of water. Two toilets noted soiled with fouls smell.

Through interview, SP2 states they do not have a water management program nor Legionella program. SP1 states water is tested on a regular basis.

When walking through the boiler room, there were several leaks. The leaks appeared to be both from the roof and from the boiler piping. Additionally, the water temperature in the building was found to be much higher than allowed. While onsite water temperature assessed in the employee's bathroom reading 129 degrees and the water temperature in resident room 124 was 132 degrees.

APPLICABLE RULE	
R 325.1970	**Water supply systems.**
	(1) A home located in an area served by a public water system shall connect to and use that system. **(2) If a public water system is not available, then the location and construction of a well and the operation of the private water system shall comply with the Safe Drinking Water Act, 1976 PA 399, MCL 325.1001 et seq.** **(3) A physical cross-connection shall not exist between water systems that are safe for human consumption and those that are, or may at any time, become unsafe for human consumption.** **(4) Minimum water pressure available to each plumbing fixture shall exceed 20 pounds per square inch.** **(5) The plumbing system shall be designed and maintained so that the possibility of back flow or back siphonage is eliminated.** **(6) The plumbing system shall supply an adequate amount of hot water at all times to meet the needs of each resident and the functioning of the various service areas.** **(7) The temperature of hot water at plumbing fixtures used by residents shall be regulated to provide tempered water at a range of 105 to 120 degrees Fahrenheit.**
ANALYSIS:	Facility does not maintain a water management program. Multiple toilets observed with standing water that has a black ring of sediment and film on water. Multiple toilets observed without water. Two toilets observed empty with foul smell. Water temperatures read significantly higher than recommended water temperature ranges.
CONCLUSION:	**VIOLATION ESTABLISHED**

IV. RECOMMENDATION

Disciplinary action against the license is recommended.

03/26/2026

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

Approved By:

07/07/2026

_____

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