



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
DIRECTOR

September 10, 2026

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

RE: License #: AH820238949
Investigation #: 2026A1035055
Brownstown Forest View Assisted Living

Dear Licensee:

Attached is the Special Investigation Report for the above referenced 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.

If you desire technical assistance in addressing these issues, please feel free to contact me. In any event, the corrective action plan is due within 15 days. Failure to submit an acceptable corrective action plan will result in disciplinary action.

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 #:	2026A1035055
Complaint Receipt Date:	07/30/2026
Investigation Initiation Date:	07/31/2026
Report Due Date:	09/30/2026
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:	07/31/2027
Capacity:	76
Program Type:	AGED

II. ALLEGATION(S)

	Violation Established?
Resident A has had multiple falls; the facility has not maintained a safe environment.	Yes
Additional Findings:	No

III. METHODOLOGY

07/30/2026	Special Investigation Intake 2026A1035055
07/31/2026	Contact - Document Sent
08/11/2026	Contact - Face to Face
09/10/2026	Inspection Complete. BCAL Sub Compliance.
09/10/2026	Exit Conference.

ALLEGATION:

Resident A has had multiple falls; the facility has not maintained a safe environment.

INVESTIGATION:

On July 28, 2026, the Department received a complaint through the online complaint system which read:

“On 7/17/26 I took Resident A to the dining room and locked Resident A’s wheelchair at her table to eat. I left to go back to her room. About 15 minutes later I looked down the hall and Resident A was being wheeled back down with staff and asked what had happened and they said that she had got on the table and fell off. Resident A was taken to the ER. Resident A had a neck fracture, a concussion, and a 2-3-week-old broken hip. There are videos of Resident A being dropped by a caregiver. Resident A fell in the room, and it took 20-30 min before someone found her. Resident A is currently in a rehab facility. Resident A has had multiple UTI and bladder infections because they are not showering her.”

On July 30, 2026, the Department received a complaint forwarded from Adult Protective Services (APS) which alleged Resident A was physical abuse and/or neglected that resulted in several fractures with hospitalization and rehab services.

On August 11, 2026, an onsite investigation was conducted. While onsite, I interviewed Staff Person (SP)1 who states SP2 investigated the situation and did not substantiate allegations. SP1 states Resident A is expected to return to the facility post completion on physical rehabilitation.

Through record review, Resident A was transported by wheelchair to the dining room by Family A. According to the incident and accident report, an unwitnessed fall occurred. Resident A attempted to transfer and was then observed on the floor. Interviewed staff stated they did not see what happened according to the incident and accident report.

On August 19, 2026, a phone interview was conducted with Family A who states Resident A has had multiple falls while at the facility. The staff do not monitor Resident A and maintain a safe environment. Family A states she has multiple video clips where staff are independently “picking” Resident A off the floor and placing her back in bed or her chair. On multiple occasions, Family A had not been notified of the fall occurrences.

Through record review, Family A provided four room surveillance videos where Resident A had fallen. Three of the videos showed Resident A being picked up from the floor by one staff member. Each time Resident A was hoisted from ground where the staff member places their hands under Resident A’s arms and lifted. On two accounts Resident A was left near the edge of the bed. Additionally, no injury evaluation appears to have been completed prior to Resident A being lifted.

Facility was unable to provide Unusual Occurrence Statement Investigation Form for fall occurrences documented in progress notes and observed on provided video clips on July, 1st x 2, July 2nd, and July 6th.

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: (a) Assume full legal responsibility for the overall conduct and operation of the home. (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:	Through record review, facility did not follow incident and accident policy and procedures. The facility provided partially filled out Unusual Occurrence Statement Investigation Forms for fall occurrence on July 17, 2026. The facility was unable to provide Unusual Occurrence Statement Investigation Form for fall occurrences on July 1st x 2, July 2nd, and July 7th. The facility has been unable to maintain a safe environment for Resident A. Increased fall interventions have not been implemented. Based on information noted above, the facility has not maintained safety for Resident A. Resident A is not receiving care in accordance with her service plan.
CONCLUSION:	VIOLATION ESTABLISHED

IV. RECOMMENDATION

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



08/27/2026

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

Approved By:



09/10/2026

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