



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

MARLON I. BROWN, DPA  
DIRECTOR

September 24, 2025

Kimberly Wozniak  
The Bradford Senior Living  
2080 S. Telegraph Rd  
Bloomfield Hills, MI 48302

RE: License #: AH630399613  
Investigation #: 2025A1019083

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. Failure to submit an acceptable corrective action plan will result in disciplinary action. 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 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 contact the local office at (517) 335-5985.

Sincerely,

Elizabeth Gregory-Weil, Licensing Staff  
Bureau of Community and Health Systems  
611 W. Ottawa Street  
P.O. Box 30664  
Lansing, MI 48909  
(810) 347-5503

enclosure

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

**I. IDENTIFYING INFORMATION**

<b>License #:</b>	AH630399613
<b>Investigation #:</b>	2025A1019083
<b>Complaint Receipt Date:</b>	08/22/2025
<b>Investigation Initiation Date:</b>	08/25/2025
<b>Report Due Date:</b>	10/21/2025
<b>Licensee Name:</b>	Square Lake Care Operations, LLC
<b>Licensee Address:</b>	940 Monroe Ave., NW, Suite 144 Grand Rapids, MI 49503
<b>Administrator:</b>	Tabatha Barnes
<b>Authorized Representative:</b>	Kimberly Wozniak
<b>Name of Facility:</b>	The Bradford Senior Living
<b>Facility Address:</b>	2080 S. Telegraph Rd Bloomfield Hills, MI 48302
<b>Facility Telephone #:</b>	(248) 972-0800
<b>Original Issuance Date:</b>	01/08/2020
<b>License Status:</b>	REGULAR
<b>Effective Date:</b>	08/01/2025
<b>Expiration Date:</b>	07/31/2026
<b>Capacity:</b>	114
<b>Program Type:</b>	AGED ALZHEIMERS

**II. ALLEGATION(S)**

	<b>Violation Established?</b>
The facility is understaffed.	No
Additional Findings	Yes

**III. METHODOLOGY**

08/22/2025	Special Investigation Intake 2025A1019083
08/25/2025	Special Investigation Initiated - Letter Emailed licensee for information and documentation.
08/26/2025	Inspection Completed On-site
08/26/2025	Inspection Completed BCAL FULL Compliance

The complainant identified some concerns that were not related to licensing rules and statutes for a home for the aged. Therefore, only specific items pertaining to homes for the aged provisions of care were considered for investigation.

**ALLEGATION:** The facility is understaffed.

**INVESTIGATION:**

On 8/22/25, the department received a complaint alleging that the facility is short staffed. The complaint read that the facility is short staffed “most days” but did not provide any examples of how resident care has been affected due to lack of staff. Due to the anonymous nature of the complaint, additional information could not be obtained.

On 8/26/25, I conducted an onsite inspection. I interviewed authorized representative (AR) Kimberly Wozniak at the facility. A resident roster was provided which listed 51 residents (38 residents in the general assisted living area and 13 residents in the memory care unit). The AR reported that care givers and med passing staff are scheduled on eight-hour shifts. The AR reported that at the current census and acuity level, the building schedules five care givers and two med techs on first and second shift and four care givers and one med tech on third shift. The AR reported that med techs are expected to provide care to residents in addition to their med passing duties. The AR reported that when there is an unexpected staffing

shortage, they have shift mandates in place and also offer \$50 bonuses when a staff person picks up a shift. The AR reported that depending on the day and shift, there can be numerous other staff available to provide care such as management staff, activities staff and the house supervisor.

While onsite, staff schedules were obtained for the previous four weeks. Staffing levels observed were inconsistent with the levels reported by the AR. During follow-up correspondence, when questioned about the discrepancy in staffing levels, the AR stated:

*Goals are to have 2 MT days, 2 MT afternoons, 1 MT nights.  
 Goal are to have 5 CG days, 5 CG afternoons, 4 CG nights.  
 The goal in perfect staffing, 19 staff per day.  
 The reality is, all care needs can be accomplished with 16 staff on per day.  
 Medtech's are trained to be caregivers so they can provide the same services as a caregiver...Through our monitoring of the CAP, we watched closely medication administration and care. At no time were their situations where we identified care was compromised.*

After obtaining clarification from the administrator, schedules were reviewed again and were observed to be overall consistent with the staffing levels expressed during the second explanation.

The AR reported that assisted living residents have call pendants kept on their person and there is a pull cord in each bathroom to summon staff when assistance is needed. The AR reported that there isn't a specific benchmark that staff are trained to reach when responding to the emergency call system but are expected to respond as quickly as possible. Call pendant and pull cord response data were obtained for the community over the previous 30 days. I observed there were 1040 alerts with an average response time of five minutes.

<b>APPLICABLE RULE</b>	
<b>/R 325.1931</b>	<b>Employees; general provisions.</b>
	<b>(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.</b>

<b>ANALYSIS:</b>	Staff attestations combined with review of staff schedules, employee coverage procedures, daily assignment sheets, and emergency response data reveal that staffing levels are sufficient to meet the needs of the residents at the levels described by the AR.
<b>CONCLUSION:</b>	<b>VIOLATION NOT ESTABLISHED</b>

**ADDITIONAL FINDING:**

**INVESTIGATION:**

During review of the staff schedules, I observed that there were some variations in staffing levels from the original schedule provided onsite compared to the staffing levels the AR attested to. In follow-up correspondence with the AR, she provided revised schedules and time card information which demonstrated that the original schedule provided was not updated to accurately reflect who was working during the timeframe reviewed.

<b>APPLICABLE RULE</b>	
<b>R 325.1944</b>	<b>Employee records and work schedules.</b>
	<b>(2) The home shall prepare a work schedule showing the number and type of personnel scheduled to be on duty on a daily basis. The home shall make changes to the planned work schedule to show the staff who actually worked.</b>
<b>ANALYSIS:</b>	Schedules provided by the facility were not always updated to reflect staffing changes for the timeframe reviewed.
<b>CONCLUSION:</b>	<b>VIOLATION ESTABLISHED</b>

**IV. RECOMMENDATION**

Contingent upon completion of an acceptable corrective action plan, I recommend no changes to the status of the license at this time.



08/29/2025

---

Elizabeth Gregory-Weil  
Licensing Staff

Date

Approved By:



09/24/2025

---

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

Date