



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
DIRECTOR

September 30, 2025

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

RE: License #: AH820238949
Investigation #: 2025A1035077
Brownstown Forest View Assisted Living

Dear Surindar Jolly:

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.
- Indicate how continuing compliance will be maintained once compliance is achieved.
- Be signed and dated.

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,

A handwritten signature in blue ink, appearing to read "Jennifer Heim".

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 #:	2025A1035077
Complaint Receipt Date:	07/23/2025
Investigation Initiation Date:	07/23/2025
Report Due Date:	09/22/2025
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:	12/17/2023
Expiration Date:	07/31/2024
Capacity:	76
Program Type:	AGED

II. ALLEGATION(S)

	Violation Established?
Residents' care needs are not being met related to short staffing. There are discrepancies in charting and care.	Yes
Additional Findings	No

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

III. METHODOLOGY

07/23/2025	Special Investigation Intake 2025A1035077
07/23/2025	Special Investigation Initiated - Telephone called complainant
08/13/2025	Contact - Face to Face
09/30/2025	Inspection Complete. BCAL Sub Compliance.
10/01/2025	Exit Conference.

ALLEGATION:

Resident's care needs are not being met. There are discrepancies in charting and care.

INVESTIGATION:

On July 23, 2025, the Department received a complaint through the online complaint system which read:

“Staff are retaliated against if they report any discrepancies. Residents being soiled/neglected due to short staffing.”

On August 13, 2025, an onsite investigation was conducted. While onsite I interview staff person (SP)1 who states she is new to the position and facility. SP1 states the facility has been working on reeducating staff and holding everyone accountable. SP1 states a few people resigned since her arrival related to enforced rules. SP1 states she has hired additional staff members that did not work out and continues to

interview and hire. SP1 states the facility staffing goals are 4 care staff on days, 3 care staff on afternoons, and 2 care staff on midnights for an average daily census of 27 residents.

While onsite, I interviewed SP2 who states residents are not getting neglected on day shift, but needs are not being met on afternoon and midnight shifts. SP2 states that in the event of an emergency, there is not enough caregivers on off shifts. Often there are only two care staff on all shifts related to short staffing. SP2 continues to state, "how can proper care be given on two floors if there are only two care members working a shift."

While onsite, I interviewed SP3 who states there is one resident that requires a two person assist, therefore there are multiple times throughout the day both the care giver and med tech are tied up in a room providing care leaving the remaining residents unattended. SP3 state basic needs are being met but often residents have to wait.

While onsite, I interviewed SP4 who states med techs are not trained properly and often scribble out errors in the narcotic book or forget to sign out medications. SP4 states this has been brought up to the clinical manager on several accounts but has not been addressed.

Through direct observation, medication cart was soiled with spilled medications, dust, and debris. Narcotic book sign off documentation was missing multiple signatures, many crossed out medications on narcotic count pages.

Through record review of employee files:

- SP5 education did not have competency signed off.
- SP6 had no education noted, no medication administration training noted, no competency check offs for care nor medication administration.
- SP7 had no education noted in file not signed as completed nor competent.

Through record review Resident A, B and C are missing significant charting in the month of August related to care needs, every two hours, and showers.

While onsite I interviewed, Resident A who states "I don't want to speak on care. I'm afraid of retaliation and I'm confined to this bed."

APPLICABLE RULE	
R 325.1931	Employees; general provisions.
	(1) Personal care and services that are provided to a resident by the home shall be designed to encourage residents to function physically and

	<p>intellectually with independence at the highest practical level.</p> <p>(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.</p>
ANALYSIS:	<p>Through interview and record review, resident care needs are not being met. Documentation does not support assigned care tasks that have been completed.</p> <p>Through interview, in the event of an emergency, the staff do not have enough help to provide the care needed to take care of residents on two floors. There are two care staff assigned to 27 residents on two floors on midnight and shifts with staffing challenges.</p> <p>Medication carts are unorganized and soiled. Narcotic books are missing several count signatures.</p>
CONCLUSION:	VIOLATION ESTABLISHED

IV. RECOMMENDATIO

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



09/16/2025

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

Approved By:



09/30/2025

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