



RICK SNYDER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

SHELLY EDGERTON
DIRECTOR

May 15, 2018

Erna Laza
Oakmont Rochester Assisted
3466 South Blvd. W.
Rochester Hills, MI 48309

RE: License #: AH630338700
Oakmont Rochester Assisted
3466 South Blvd. W.
Rochester Hills, MI 48309

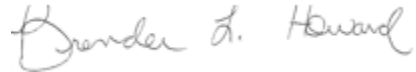
Dear Ms Laza:

Attached is the Renewal Licensing Study Report for the facility referenced above. The violations cited in the report require the submission of a written corrective action plan. 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 dates 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 licensee or licensee designee or home for the aged 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 feel free to contact the local office at (517) 284-9720.

Sincerely,

A handwritten signature in cursive script that reads "Brender L. Howard".

Brender L Howard, Licensing Staff
Bureau of Community and Health Systems
4th Floor, Suite 4B
51111 Woodward Avenue
Pontiac, MI 48342
(517) 899-5620

enclosure

**MICHIGAN DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
BUREAU OF COMMUNITY AND HEALTH SYSTEMS
RENEWAL INSPECTION REPORT**

I. IDENTIFYING INFORMATION

License #: AH630338700

Licensee Name: Pomkal Rochester Assisted, LLC

Licensee Address: Suite 100
25480 Telegraph Road
Southfield, MI 48033

Licensee Telephone #: (248) 354-7200

Authorized Representative: Erna Laza

Administrator/Licensee Designee: Erna Laza

Name of Facility: Oakmont Rochester Assisted

Facility Address: 3466 South Blvd. W.
Rochester Hills, MI 48309

Facility Telephone #: (248) 564-2200

Original Issuance Date: 05/22/2015

Capacity: 84

Program Type: ALZHEIMERS
AGED

II. METHODS OF INSPECTION

Date of On-site Inspection(s): 5/8/18

Date of Bureau of Fire Services Inspection if applicable: 5/2/17, 5/24/17

Inspection Type: Interview and Observation Worksheet
 Combination

Date of Exit Conference: 5/8/18

No. of staff interviewed and/or observed 8
No. of residents interviewed and/or observed 49
No. of others interviewed 2 Role Residents' family members

- Medication pass / simulated pass observed? Yes No If no, explain.
- Medication(s) and medication records(s) reviewed? Yes No If no, explain.
- Resident funds and associated documents reviewed for at least one resident? Yes No If no, explain. No residents' funds held.
- Meal preparation / service observed? Yes No If no, explain.
 - Fire drills reviewed? Yes No If no, explain.
Interviewed staff regarding disaster plan policy and procedures.
- Water temperatures checked? Yes No If no, explain.
- Incident report follow-up? Yes IR date/s: 4/29/18 N/A
- Corrective action plan compliance verified? Yes CAP date/s and rule/s: CAP will be requested within this report.
- Number of excluded employees followed up? N/A

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

This facility was found to be in non-compliance with the following rules:	
MCL 333.20173a	Criminal history check
	<p>(4) Upon receipt of the written consent and identification required under subsection (3), a health facility or agency that is a nursing home, county medical care facility, hospice, hospital that provides swing bed services, home for the aged, or home health agency that has made a good faith offer of employment or an independent contract or clinical privileges to the applicant shall make a request to the department of state police to conduct a criminal history check on the applicant, to input the applicant's fingerprints into the automated fingerprint identification system database, and to forward the applicant's fingerprints to the federal bureau of investigation. The department of state police shall request the federal bureau of investigation to make a determination of the existence of any national criminal history pertaining to the applicant. The applicant shall provide the department of state police with a set of fingerprints. The request shall be made in a manner prescribed by the department of state police. The health facility or agency shall make the written consent and identification available to the department of state police. The health facility or agency shall make a request to the relevant licensing or regulatory department to conduct a check of all relevant registries established pursuant to federal and state law and regulations for any substantiated findings of abuse, neglect, or misappropriation of property. If the department of state police or the federal bureau of investigation charges a fee for conducting the initial criminal history check, a health facility or agency that is a nursing home, county medical care facility, hospice, hospital that provides swing bed services, or home health agency shall pay the cost of the charge. If the department of state police or the federal bureau of investigation charges a fee for conducting the initial criminal history check, the department shall pay the cost of or reimburse the charge for a health facility or agency that is a home for the aged. The health facility or agency shall not seek reimbursement for a charge imposed by the department of state police or the federal bureau of investigation from the individual who is the subject of the initial criminal history check. A prospective employee, or a prospective independent</p>

	<p>contractor covered under this section may not be charged for the cost of an initial criminal history check required under this section. The department of state police shall conduct a criminal history check on the applicant named in the request. The department of state police shall provide the department with a written report of the criminal history check conducted under this subsection if the criminal history check contains any criminal history record information. The report shall contain any criminal history record information on the applicant maintained by the department of state police. The department of state police shall provide the results of the federal bureau of investigation determination to the department within 30 days after the request is made. If the requesting health facility or agency is not a state department or agency and if a criminal conviction is disclosed on the written report of the criminal history check or the federal bureau of investigation determination, the department shall notify the health facility or agency and the applicant in writing of the type of crime disclosed on the written report of the criminal history check or the federal bureau of investigation determination without disclosing the details of the crime. Any charges imposed by the department of state police or the federal bureau of investigation for conducting an initial criminal history check or making a determination under this subsection shall be paid in the manner required under this subsection. The notice shall include a statement that the applicant has a right to appeal a decision made by the health facility or agency regarding his or her employment eligibility based on the criminal background check. The notice shall also include information regarding where to file and describing the appellate procedures established under section 20173b.</p>
	<p>Ms. Savich stated that the facility has two contract cosmetologists that provide residents with their service. She stated that background checks are completed by the contract company. Ms. Savich stated that a request has not been made to have the department of state police conduct a criminal history check of the cosmetologist, to input the applicant's/cosmetologist's fingerprints into the automated fingerprint identification system database.</p>
<p>R 325.1932</p>	<p>Resident medications</p>
	<p>(2) The giving, taking, or applying of prescription medications shall be supervised by the home in accordance with the resident's service plan.</p>

For reference: R 325.1901	Definitions.
	<p>(21) "Service plan" means a written statement prepared by the home in cooperation with a resident and/or the resident's authorized representative or agency responsible for a resident's placement, if any, and that identifies the specific care and maintenance, services, and resident activities appropriate for each individual resident's physical, social, and behavioral needs and well-being and the methods of providing the care and services while taking into account the preferences and competency of the resident.</p>
<p>Review of Resident E's medication administration record revealed medication, Lorazepam, prescribed to be administered "as needed". However, review of Resident E's service plan did not reveal any information about Resident E's use of as-needed medications and the reason the medication was prescribed.</p>	
R 325.1932	Resident medications
	<p>(3) If a home or the home's administrator or direct care staff member supervises the taking of medication by a resident, then the home shall comply with all of the following provisions:</p> <p>(c) Record the reason for each administration of medication that is prescribed on an as-needed basis.</p>
<p>Review of a sample of medication administration records (MAR) revealed staff are not always recording the reason for administration of medication that is prescribed on an as-needed basis. For example:</p> <p>Staff initials on the MAR for 5/1, 5/2, 5/3, 5/4, 5/5, 5/6, 5/7 indicated that Resident F received one tablet of Tramadol, a medication prescribed "as needed". However, staff did not record the reason they administered the medication on these dates.</p>	
R325.1932	Resident medications
	<p>(5) A home shall take responsible precautions to ensure or assure that prescription medication is not is not used by a person other than the resident for whom the medication is prescribed.</p>
<p>I reviewed an incident report that documented that on 4/29/18 Resident E was administered other resident's medications by a staff member. Resident E required hospital evaluation following the error.</p>	

R325.1964	Interiors
	<p>(9) Ventilation shall be provided throughout the facility in the following manner:</p> <p>(b) Bathing rooms, beauty shops, toilet rooms, soiled linen rooms, janitor closets, and trash holding rooms shall be provided with a minimum of 10 air changes per hour of continuously operated exhaust ventilation that provide discernable air flow into each of these rooms.</p>
<p>Residents' rooms 110, 112, 114 and the janitor's closet on memory care unit did not have a minimum of 10 air changes per hour of continuously operated exhaust ventilation, providing discernable air flow when checked.</p>	

IV. RECOMMENDATION

Contingent upon receipt of an acceptable corrective action plan, renewal of the license is recommended.


 _____ 5/15/18
 Licensing Consultant Date


 _____ 5/15/18
 Area Manager Date