



RICK SNYDER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

SHELLY EDGERTON
DIRECTOR

April 11, 2018

Barbara Exel
Addington Place
42010 W Seven Mile Road
Northville, MI 48167

RE: License #: AH820378951
Addington Place
42010 W Seven Mile Road
Northville, MI 48167

Dear Ms. Exel:

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.

Upon receipt of an acceptable corrective action plan, a regular license will be issued. If you fail to submit an acceptable corrective action plan, disciplinary action will result.

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 black ink that reads "Loma M Campbell". The signature is written in a cursive style with a large, stylized 'L' and 'M'.

Loma M Campbell, Licensing Staff
Bureau of Community and Health Systems
4th Floor, Suite 4B
51111 Woodward Avenue
Pontiac, MI 48342
(248) 860-3110

enclosure

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

I. IDENTIFYING INFORMATION

License #: AH820378951

Licensee Name: ARHC APNVLMI01 TRS, LLC

Licensee Address: C/O ARC HC Trust II, Coun
405 Park Ave, 14th Floor
New York, NY 10022

Licensee Telephone #: (212) 415-6551

Authorized Representative: Barbara Exel

Administrator: Barbara Exel

Name of Facility: Addington Place

Facility Address: 42010 W Seven Mile Road
Northville, MI 48167

Facility Telephone #: (248) 305-9600

Original Issuance Date: 02/10/2016

Capacity: 80

Program Type: AGED
ALZHEIMERS

II. METHODS OF INSPECTION

Date of On-site Inspection(s): 4/10/2018

Date of Bureau of Fire Services Inspection if applicable: 11/10/2016; 2/16/2018; and 3/29/2018

Inspection Type: Interview and Observation Worksheet
 Combination

Date of Exit Conference: 4/10/2018

No. of staff interviewed and/or observed 20

No. of residents interviewed and/or observed 67

No. of others interviewed 7 Role Relatives of residents

- 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. The home does not hold any funds for residents.
- Meal preparation / service observed? Yes No If no, explain.
- Fire drills reviewed? Yes No If no, explain.
There are no Home for the Aged rules that pertain to the reviewing of fire drills.
- Water temperatures checked? Yes No If no, explain.
- Incident report follow-up? Yes IR date/s: N/A
- Corrective action plan compliance verified? Yes CAP date/s and rule/s: CAP dated 3/28/2018 MCL 333.20201 (2) (e) and (2) (l); CAP dated 2/5/2018 Rule 325.1932 (3) and Rule 325.1932 (5); and CAP dated 1/17/2018 Rule 325.1922 (5) and Rule 325.1931 (5)
- Number of excluded employees followed up? 9 N/A

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

This facility was found to be in non-compliance with the following rules:

R 325.1924 Reporting of incidents, accidents, elopement.

(3) The home shall report an incident/accident to the department within 48 hours of the occurrence. The incident or accident shall be immediately reported verbally or in writing to the resident's authorized representative, if any, and the resident's physician.

**For Reference
R 325.1901**

Definitions.

(17) "Reportable incident/accident" means an intentional or unintentional event in which a resident suffers harm or is at risk of more than minimal harm, such as, but not limited to, abuse, neglect, exploitation, or unnatural death.

On 4/10/2018, I reviewed the home's incident reports for April 2018. On 4/1/2018, Resident A experienced a fall suffering an abrasion to the head and the incident was not reported to the department.

R 325.1964

Interiors.

(9) Ventilation shall be provided throughout the facility in the following manner:

(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.

On 4/10/2018, the exhaust ventilation located in the public toilet room close to the lobby was not operational/working.

IV. RECOMMENDATION

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

Lorne M. Campbell

4/11/2018

Licensing Staff

Date