



RICK SNYDER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

SHELLY EDGERTON
DIRECTOR

September 13, 2018

Vijay Sahore
Assured Senior Living Group, LLC
25180 Lahser Road
Southfield, MI 48033

RE: License #: AH630382886
Royal Oak House
1900 N. Washington Ave.
Royal Oak, MI 48073

Dear Mr. Sahore:

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 (248) 975-5053.

Sincerely,

A handwritten signature in cursive script that reads "Linda Denniston".

Linda Denniston, 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 #:	AH630382886
Licensee Name:	Assured Senior Living Group, LLC
Licensee Address:	25180 Lahser Road Southfield, MI 48033
Licensee Telephone #:	(248) 262-2205
Authorized Representative/ Administrator:	Vijay Sahore Karen DeLaflor
Name of Facility:	Royal Oak House
Facility Address:	1900 N. Washington Ave. Royal Oak, MI 48073
Facility Telephone #:	(248) 585-2550
Original Issuance Date:	03/01/2018
Capacity:	57
Program Type:	AGED ALZHEIMERS

II. METHODS OF INSPECTION

Date of On-site Inspection(s): 08/28/2018

Date of Bureau of Fire Services Inspection if applicable: 1/23/18

Inspection Type: Interview and Observation Worksheet
 Combination

Date of Exit Conference: 8/28/18

No. of staff interviewed and/or observed 5

No. of residents interviewed and/or observed 8

No. of others interviewed 1 Role family member

- 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. na
- Meal preparation / service observed? Yes No If no, explain.
- Fire drills reviewed? Yes No If no, explain.
- Water temperatures checked? Yes No If no, explain.
- Incident report follow-up? Yes IR date/s:when submitted N/A
- Corrective action plan compliance verified? Yes CAP date/s and rule/s: NA
- Number of excluded employees followed up? 0 N/A

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

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

R 325.1921 Governing bodies, administrators, and supervisors.

(1) The owner, operator, and governing body of a home shall do all of the following:

(b) Assure that the home maintains an organized program to provide room and board, protection, supervision, assistance, and supervised personal care for its residents.

When I arrived at the home in the morning of 8/28/18, there was no one at the front desk. I walked through the unlocked front door and throughout the hallway of the general area of the home. I met residents in the hallway and saw them in their rooms, but I saw no staff person until I knocked on the door next to the front desk, where two staff persons were conversing inside. I had been in the home for approximately 10 minutes, at this time, without anyone knowing I was there.

Ms. DeLaflor told me that she was a few minutes late this morning and stated that there should be a staff person located at the front desk at all times when the door is unlocked.

The home did not maintain an organized program to provide for the protection and supervision needs of the residents, the morning of 8/28/18.

In addition, one resident at the home had a “bed cane” on his bed. The device slipped in between the mattress and box springs. These devices known as “bed canes,” “bed cane assists,” or similar names, which are not affixed directly to the bed frame, present a serious danger to residents. They can cause asphyxiation and **are prohibited** in the home.

Another resident also had a dangerous bed rail. The distance between the slats (the horizontal or vertical supports between the perimeters of the rail itself) was not small enough to prevent the resident’s head/leg or arm from becoming accidentally entrapped between the slats.

Please see the HFA Technical Assistance Handbook for further instruction regarding bedside assistive devices.

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.

The bathroom in the general area of the home had an exhaust vent but it was not working. There was no exhaust ventilation in this bathroom.

IV. RECOMMENDATION

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



9/13/18

Date

Licensing Consultant