



RICK SNYDER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

SHELLY EDGERTON
DIRECTOR

June 22, 2018

Jenel Stoinski
ARHC ARCLRMI01 TRS, LLC
106 York Road
Jenkintown, PA 19046

RE: License #: AH630365890
Autumn Ridge of Clarkston HFA
5700 Water Tower Pl
Clarkston, MI 48346

Dear Ms. Stoinski:

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 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 grey ink, appearing to be 'Elizabeth Gregory', with a stylized, cursive-like flow.

Elizabeth Gregory, 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 #:	AH630365890
Licensee Name:	ARHC ARCLRMI01 TRS, LLC
Licensee Address:	106 York Road Jenkintown, PA 19046
Licensee Telephone #:	(215) 887-2582
Authorized Representative:	Jenel Stoinski
Administrator:	Amanda Maleche
Name of Facility:	Autumn Ridge of Clarkston HFA
Facility Address:	5700 Water Tower Pl Clarkston, MI 48346
Facility Telephone #:	(248) 625-0500
Original Issuance Date:	01/20/2015
Capacity:	72
Program Type:	AGED

II. METHODS OF INSPECTION

Date of On-site Inspection(s): 06/21/2018

Date of Bureau of Fire Services Inspection if applicable: 04/24/2018

Inspection Type: Interview and Observation Worksheet
 Combination

Date of Exit Conference: 06/21/2018

No. of staff interviewed and/or observed 16

No. of residents interviewed and/or observed 38

No. of others interviewed 4 Role 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. The facility does not hold resident funds.
- Meal preparation / service observed? Yes No If no, explain.
- Fire drills reviewed? Yes No If no, explain.
Bureau of fire services reviews fire drills, but facility disaster planning procedures were reviewed.
- Water temperatures checked? Yes No If no, explain.
- Incident report follow-up? Yes IR date/s: Assigned HFA Licensing Staff Linda Denniston follows up on incident reports with the home N/A
- Corrective action plan compliance verified? Yes CAP date/s and rule/s: SIR2018A0585018 CAP date 6/12/18
- Number of excluded employees followed up? 2 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.

The owner, operator, governing body did not assure that the home maintains an organized program to provide room and board, protection, supervision, assistance, and supervised personal care for its residents as evidenced by the following:

At the time of the on-site inspection, 22 residents had bed rails or other assistive devices attached to their bedframes. The facility had no manufacturer's guidelines for proper installation and use of the bed devices in the residents' records. According to administrator Amanda Maleche, it is the responsibility of the maintenance coordinator Gerald Larsen to conduct safety checks on the devices. When interviewed, Mr. Larsen stated that he only checks the devices if a caregiver tells him one is broken and stated that the bed rails at the facility "don't get any gaps".

Upon inspection, it was discovered that the distance between the slats (horizontal or vertical supports between the perimeter of the bed rails) is large enough for a hand/foot to fit through and cause possible entangle/entrapment. It was confirmed that only one resident had protective covering to close off the open spaces. Most of the devices were very loose and had large gapping in between the rail and the mattress. The facility did not have an organized program to provide reasonable protection and supervised personal care to residents with bedside assistive devices and do not train their staff properly on the use of the devices, measuring the gaps, monitoring the resident when the devices are in use or any ongoing monitoring of the devices.

Please refer to the Homes for the Aged Licensing Rules technical assistance handbook for further information, located at:
http://www.michigan.gov/documents/dhs/HFA_Technical_Assistance_Handbook_343632_7.pdf

R 325.1922 Admission and retention of residents.

(5) A home shall update each resident's service plan at least annually or if there is a significant change in the resident's care needs. Changes shall be communicated to the resident and his or her authorized representative, if any.

Resident A's service plan lacked any information pertaining to his bedside assistive device. Resident A's plan was not updated to include methods of providing the care and services regarding implementation in the use of the device, including a means for the resident to summon staff, methods for on-going monitoring of the resident, methods of monitoring the equipment by trained staff for maintenance of the device and for monitoring measurements of gaps to protect the resident from the possibility of physical harm related to entrapment, entanglement, strangulation, etc.

R 325.1932 Resident medications.

(1) Medication shall be given, taken, or applied pursuant to labeling instructions or orders by the prescribing licensed health care professional.

The facility has not always administered medications pursuant the labeling instructions. For example, Resident B is prescribed the medication Brovana and instructed to take it twice daily. Resident B missed both doses 5/1-5/3/18. Facility staff documented the reason for the missed doses as "not available". Resident B is prescribed Lorazepam and is to take it three times daily. Resident B missed two doses on 5/1/18. Facility staff documented the reason for the missed doses as "not available". Resident B is prescribed the medication Travatan and is to take it once daily. Resident B missed doses on 5/28-5/29/18. Facility staff documented the reason for the missed doses as "awaiting med arrival from pharmacy". Resident C is prescribed the medication Nystop and is instructed to take it twice daily. Resident C was not administered the first dose on 5/16/18. Facility staff documented the reason for the missed dose as "awaiting med arrival from pharmacy" despite the med tech on the shift immediately prior and the shift immediately following had documented that the medication was available.

R 325.1964 Interiors.

(11) A doorway, passageway, corridor, hallway, or stairwell shall be kept free from obstructions at all times.

I observed that each resident hallway housed large three compartment containers that held various supplies, linens (clean and dirty) as well as garbage. These items were not housed in separate storage areas and posed a risk of obstruction.

R 325.1972 Solid wastes.

All garbage and rubbish shall be kept in leakproof, nonabsorbent containers. The containers shall be kept covered with tight-fitting lids and shall be removed from the home daily and from the premises at least weekly.

I observed multiple garbage containers throughout the facility did not contain lids, including three containers in the kitchen. Additionally, garbage bags that contained trash items were found laying in each resident hallway and were not placed into nonabsorbent containers. Facility staff indicated that this was common practice that the trash bags were left in the hallways until garbage was taken out.

R 325.1975 Laundry and linen requirements.

(1) A new construction, addition, major building change, or conversion after November 14, 1969 shall provide all of the following:

- (a) A separate soiled linen storage room.**
- (b) A separate clean linen storage room.**

The facility did not utilize a separate room for soiled linen.

R 325.1976 Kitchen and dietary.

(6) Food and drink used in the home shall be clean and wholesome and shall be manufactured, handled, stored, prepared, transported, and served so as to be safe for human consumption.

One of the refrigerators contained apple sauce and fruit salad that was not labeled or dated. The walk in cooler contained two pans of brownies that were not covered or dated. The dry storage room contained an opened, unsealed package of graham crackers. The dry storage room also contained an opened, unsealed package of rice was found sitting directly on the floor.

R 325.1976 Kitchen and dietary.

(13) A multi-use utensil used in food storage, preparation, transport, or serving shall be thoroughly cleaned and sanitized after each use and shall be handled and stored in a manner which will protect it from contamination.

Full time kitchen staff Charles Conant reported that the facility dish machine utilizes heat and chemicals to sanitize dishes. Mr. Conant stated that the sanitization is checked daily, but that facility staff do not keep a log and therefore cannot provide any documentation to support his statement.

R 325.1979 General maintenance and storage.

(3) Hazardous and toxic materials shall be stored in a safe manner.

Multiple cleaning agents and toxic materials were found in an unlocked cabinet in the "cross over" room which was kept open and unlocked.

R 325.1981 Disaster planning

(1) A home shall have a written plan and procedure to be followed in case of fire, explosion, loss of heat, loss of power, loss of water, or other emergency.

The facility disaster plan binder needs to be updated and revised to include procedures for staff to follow in the case of explosion, loss of heat and loss of water.

IV. RECOMMENDATION

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



6/22/18

Elizabeth Gregory
Licensing Consultant

Date