



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

ORLENE HAWKS  
DIRECTOR

August 6, 2019

Amanda Germain  
First & Main of Commerce Township  
2500 Martin Parkway  
Commerce Township, MI 48390

RE: License #: AH630370124

Dear Ms. Germain:

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 blue ink, appearing to read "Elizabeth Gregory-Weil".

Elizabeth Gregory-Weil, Licensing Staff  
Bureau of Community and Health Systems  
4th Floor, Suite 4B  
51111 Woodward Avenue  
Pontiac, MI 48342  
(810) 347-5503

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

**I. IDENTIFYING INFORMATION**

|   |   |
|---|---|
| <b>License #:</b>                                   | AH630370124   |
| <b>Licensee Name:</b>                               | F&M Commerce Township OPCO, LLC                     |
| <b>Licensee Address:</b>                            | #2200<br>2221 Health Drive, SW<br>Wyoming, MI 49519 |
| <b>Licensee Telephone #:</b>                        | (616) 248-3566                                      |
| <b>Authorized Representative and Administrator:</b> | Amanda Germain                                      |
| <b>Name of Facility:</b>                            | First & Main of Commerce Township                   |
| <b>Facility Address:</b>                            | 2500 Martin Parkway<br>Commerce Township, MI 48390  |
| <b>Facility Telephone #:</b>                        | (248) 387-2961                                      |
| <b>Original Issuance Date:</b>                      | 02/02/2018  |
| <b>Capacity:</b>                                    | 157   |
| <b>Program Type:</b>                                | AGED<br>ALZHEIMERS                                  |

## II. METHODS OF INSPECTION

Date of On-site Inspection(s): 08/05/2019

Date of Bureau of Fire Services Inspection if applicable: 07/08/2019- temporary approval until 9/09/2019

Inspection Type:  Interview and Observation  Worksheet  
 Combination

Date of Exit Conference: 08/05/2019

No. of staff interviewed and/or observed 17  
No. of residents interviewed and/or observed 32  
No. of others interviewed 5 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, however staff were interviewed regarding facility disaster planning procedures.
- 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:  
SIR2019A1019026- CAP date 4/16/19, SIR2019A1013014- CAP date 1/18/19,  
SIR2018A1013051- CAP date 12/4/18, SIR2019A1013043- CAP date 8/28/18
- 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:

**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, Residents A and D had bed rails attached to their bedframes and Resident G had a device commonly referred to as a “halo ring” affixed to his bed. The facility had no manufacturer’s guidelines for proper installation and use of the bed device in the resident records and did not have any physician’s orders for the devices. I observed Resident A and D’s bed rails to be very loose and to have large gapping, creating a risk for entrapment. The slats between the bed rails were large enough for a limb fit through and the devices did not contain any protective covers. Administrator and authorized representative Amanda Germain indicated that the facility currently does not have a bedrail policy in place.

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](http://www.michigan.gov/documents/dhs/HFA_Technical_Assistance_Handbook_343632_7.pdf)

**R 325.1931                    Employees; general provisions.**

**(2) A home shall treat a resident with dignity and his or her personal needs, including protection and safety, shall be attended to consistent with the resident's service plan.**

Resident A, D and G’s service plans lacked any information on the methods of providing care and services regarding implementation in the use of the bed rails and halo ring devices, 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.**

**(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:**

**(b) Complete an individual medication log that contains all of the following information:**

**(i) The medication.**

**(ii) The dosage.**

**(iii) Label instructions for use.**

**(iv) Time to be administered.**

**(v) The initials of the person who administered the medication, which shall be entered at the time the medication is given.**

**(vi) A resident's refusal to accept prescribed medication or procedures.**

The facility has not always administered medications pursuant the labeling instructions or provide an accurate and complete medication log. For example, review of Resident D, H, I and J's medication administration record (MAR) reveals that there were several dates where the records were left blank. Ms. Germain could not provide an explanation as to why any dates would be left blank and cannot confirm whether the medications were ever administered. Corporate director of health and wellness Crystal Parrish reported that staff should never leave any dates blank, as the MAR includes numeric codes to use depending on the circumstance. Review of Resident H's MAR reveals that she was hospitalized from 7/2/19-7/22/19. Despite this, facility staff documented on 7/8/19 that they administered her Losartan and Paxil tablets. Ms. Germain confirmed that was a documentation error.

**R 325.1944 Employee records and work schedules.**

**(1) A home shall maintain a record for each employee which shall include all of the following:**

**(a) Name, address, telephone number, and social security number.**

**(b) License or registration number, if applicable.**

- (c) Date of birth.
- (d) Summary of experience, education, and training.
- (e) Beginning date of employment and position for which employed.
- (f) References, if provided.
- (g) Results of annual tuberculosis screening as required by R 325.1923(2).
- (h) Date employment ceases and reason or reasons for leaving, if known.
- (i) Criminal background information, consistent with MCL 333.20173.

Employee files for staffing agency staff utilized by the facility did not contain all the required information as listed above.

**R 325.1964 Interiors.**

- (9) Ventilation shall be provided throughout the facility in the following manner:
  - (a) A room shall be provided with a type and amount of ventilation that will control odors and contribute to the comfort of occupants.
  - (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 continuous exhaust ventilation was not functioning properly in the following areas: first and second floor janitor's closets, second and third floor soiled linen rooms, second floor visitor's restroom and resident rooms 101-115, 201-209, 238, 239 and 243.

**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.

Kitchen manager Michael Donovan stated that staff should complete the “dish sanitation log” at least twice daily to ensure that the high temperature dish machine was reaching the manufacturer’s recommended temperature to properly sanitize the dishes. Review of the log reveals that staff were not following this procedure and no documentation was completed on 8/3/19.

**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.**

The walk-in refrigerator and freezer contained several items that were not labeled or dated. Some items were not properly sealed as to protect against spoiling.

**R 325.1979                    General maintenance and storage.**

**(1) The building, equipment, and furniture shall be kept clean and in good repair.**

Ceiling tiles, light fixtures and thermostats were missing in resident rooms 113, 115 and 209. The storage room located across from resident room 131 and resident room 340 had malfunctioning door locking mechanisms.

**IV. RECOMMENDATION**

Contingent upon receipt of an acceptable corrective action plan, closure of SIR2019A102206 and full fire safety approval, renewal of the license is recommended.



8/6/19

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Elizabeth Gregory- Weil  
Licensing Consultant

Date