



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

ORLENE HAWKS  
DIRECTOR

August 16, 2019

Robert Russell Jr.  
Superior Woods Healthcare Center  
8380 Geddes Rd.  
Ypsilanti, MI 48198

RE: License #: AH810287412  
Superior Woods Healthcare Center  
8380 Geddes Rd.  
Ypsilanti, MI 48198

Dear Mr. Russell Jr.:

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 black ink, appearing to read "Andrea Krausmann".

Andrea Krausmann, Licensing Staff  
Bureau of Community and Health Systems  
4th Floor, Suite 4B  
51111 Woodward Avenue  
Pontiac, MI 48342  
(586) 256-1632

enclosure

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

**I. IDENTIFYING INFORMATION**

<b>License #:</b>	AH810287412
<b>Licensee Name:</b>	SSC Superior Township Operating Company, LLC
<b>Licensee Address:</b>	Suite 1400 One Ravinia Dr. Atlanta, GA 30346
<b>Licensee Telephone #:</b>	(770) 829-5100
<b>Authorized Representative:</b>	Robert Russell Jr.
<b>Administrator:</b>	Babette Perry
<b>Name of Facility:</b>	Superior Woods Healthcare Center
<b>Facility Address:</b>	8380 Geddes Rd. Ypsilanti, MI 48198
<b>Facility Telephone #:</b>	(734) 547-7644
<b>Original Issuance Date:</b>	01/19/2007
<b>Capacity:</b>	26
<b>Program Type:</b>	AGED

## II. METHODS OF INSPECTION

Date of On-site Inspection(s): 08/09/2019

Date of Bureau of Fire Services Inspection if applicable: 03/26/2019

Inspection Type:  Interview and Observation  Worksheet  
 Combination

Date of Exit Conference: 08/09/2019

No. of staff interviewed and/or observed 8  
No. of residents interviewed and/or observed 17  
No. of others interviewed 5 Role Three hospice staff; one resident's friend; one former resident's 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.
- Meal preparation / service observed? Yes  No  If no, explain.
- Fire drills reviewed? Yes  No  If no, explain.  
No applicable licensing rules. Interviewed staff re: disaster plan. Bureau of Fire Services reviews fire drills.
- Water temperatures checked? Yes  No  If no, explain.
- Incident report follow-up? Yes  IR date/s: 08/08/2019 N/A
- Corrective action plan compliance verified? Yes  CAP date/s and rule/s:  
CAP dated 9/27/17 to LSR dated 9/12/17: R325.1924(3), R325.1923(2), R325.1922(7), R325.1953, R325.1954, R325.1932(1), R325.1932(3), R325.1970(7), R325.1976(8), R325.1922(5).
- CAP dated 3/28/18 to SIR2018A0585006: R325.1924(1), R325.1922(5).
- Number of excluded employees followed up? one 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.**

**For  
reference:  
R 325.1901**

**Definitions.**

**(16) “Protection” means the continual responsibility of the home to take reasonable action to ensure the health, safety, and well-being of a resident as indicated in the resident’s service plan, including protection from physical harm, humiliation, intimidation, and social, moral, financial, and personal exploitation while on the premises, while under the supervision of the home or an agent or employee of the home, or when the resident’s service plan states that the resident needs continuous supervision.**

The home is responsible for resident safety and protection when mobility or assistive devices, or other equipment on or about the bed, are used. In accordance with the department’s technical assistance, all such devices are to be included in the resident service plan and the service plan is to include the resident’s means to summons staff and the frequency of resident observation when in use. The facility lacked an organized plan of protection that provided evidence of installation of the device by a qualified person in accordance with manufacturer’s instructions, implementation and use of the device by the resident in accordance with the physician’s instructions and the resident’s service plan, a training program for staff to ensure proper use of the device, ongoing assessment of the continued safety of the equipment/device such as gapping, loose bolts, etc., and monitoring of the resident.

Resident H had grab bars attached to her bed. The grab bar was made of metal tubing in upside down “U” shape approximately 8” in width. The device had a couple horizontal bars of tubing across the inside of the “U” with open spaces sufficient for possible limb entanglement/entrapment. The staff affirmed there was no physician’s order for the device and no manufacturer approved cover for the device to prevent a head/limb from becoming entangled/entrapped in the device. Resident H’s service plan had no reference to this device attached to her bed. Also, staff affirmed there was no training for staff to

ensure proper use, ongoing assessment of the device, monitoring for gaps that may allow entanglement/entrapment and monitoring of the resident.

Resident I had ¼ length bed rails attached to his bed. The bedrails were made of metal tubing and had gaps between the tubes with open spaces sufficient for possible limb entanglement/entrapment. The staff affirmed there was no physician's order for the device and manufacturer approved cover for the device to prevent a head/limb from becoming entangled/entrapped in the device. Resident I service plan had no reference to the bed rails attached to his bed. Resident I's record indicated he has hemiplegia and hemiparesis following cerebral infarction affecting left non-dominant side. It is unknown whether these conditions would affect his ability and safety to have such a device on his bed. Also, staff affirmed there was no training to ensure proper use, ongoing assessment of the device, monitoring of gaps that may allow entanglement/entrapment and monitoring of the resident.

There facility had no policy for use of the grab bar attached to Resident H's bed.

The facility had a *Bed Rail Management* policy dated December 2017, that specified, "The facility ensures that the resident is provided with a bed that is appropriate for their height and weight and, prior to the installation of bed rails, attempts to provide the resident with alternative measures to meet their need for positioning, mobility, or transfer ability while in bed. When alternatives are deemed ineffective or not adequate to meet the resident's needs, the resident will be assessed for the use of bed rails, including the risk of entrapment, and informed consent is obtained from the resident or the resident's representative. If used, bedrails are installed and maintained according to manufacturer's recommendations and specifications. The facility inspects bed frames, mattresses, and bed rails, if used, annually and with a change of equipment, to identify areas of possible entrapment." The policy lists the definitions and associated risks in using such a device. The policy includes *Practice Guidelines* that read, "The licensed nurse evaluates the resident's need for assistive devices and or alternatives to bed rails that will facility safe bed mobility, transfer ability and positioning using the Bed Rail Safety Review User Defined Assessment (UDA) upon admission, readmission, quarterly, annually, and with significant change in status...The license nurse communicates the need for assistive devices and/or alternatives to the appropriate department (e.g., facility engineering, rehabilitation services) to provide equipment or assistive devices...The licensed nurse educates the resident and/or resident's representative on correct use of the installed bed rail(s) and document on the Resident Education Record UDA. The licensed nurse includes the use of the bed rail(s) in the resident's care plan. The care plan is reviewed quarterly, annually, with significant change in status, and as needed based on resident's needs and/or requests...."

The facility's policy referred to ensuring alternative measures to meet the resident's need for positioning, mobility or transfer while in bed prior to the installation of bed rails. There was no evidence that alternative measures were attempted, deemed ineffective and/or not adequate to meet Resident H's and Resident I's needs.

There was no evidence of the assessment conducted on Resident H and Resident I, including the risk of entrapment and informed consent obtained.

There was no evidence the gaps between the devices were being addressed to prevent limb entrapment.

There was no evidence the devices were installed according to manufacturer's recommendations and specifications.

There was no evidence of inspections of the bed frames, mattresses, and devices. The policy provided no training of staff for use of the device with the resident, monitoring the resident, monitoring the device, and being alert for gaps that may allow entanglement/entrapment.

The policy provided no methods for ongoing assessment of the continuing safety of the equipment/device such as gapping, loose bolts, etc. and its use.

**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.**

**For  
reference:  
R325.1901**

**Definitions.**

**(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.**

As stated above, Resident H's service plan was not updated to address the use of the grab bar attached to her bed.

Resident I's service plan was not updated to address the use of the bed rails attached to his bed.

**Repeat rule violation [Ref: Corrective action plan (CAP) dated 9/27/17 to Licensing Study Report (LSR) dated 9/12/17]**

**R 325.1923 Employee's health.**

**(2) A home shall provide initial tuberculosis screening at no cost for its employees. New employees shall be screened within 10 days of hire and before occupational exposure. The screening type and frequency of routine tuberculosis (TB) testing shall be determined by**

**a risk assessment as described in the 2005 MMWR “Guidelines for Preventing the Transmission of Mycobacterium tuberculosis in Health-Care Settings, 2005” (<http://www.cdc.gov/mmwr/pdf/rr/rr5417.pdf>), Appendices B and C, and any subsequent guidelines as published by the centers for disease control and prevention. Each home, and each location or venue of care, if a home provides care at multiple locations, shall complete a risk assessment annually. Homes that are low risk do not need to conduct annual TB testing for employees.**

According to documentation in the employee’s record, staff #1 was hired on 9/28/18 and the TB screening test was administered to him the same day. Staff #1 said he began shadowing staff that first day, observing the staff’s personal care of residents, and staff #1 provided additional assistance such as filling the water glasses for the residents. However, staff #1’s TB test results were not obtained until 10/1/18. Therefore, staff #1 had occupational exposure to the residents before his TB screening test results were obtained and reviewed.

**Repeat rule violation [Ref: CAP dated 9/27/17 to LSR dated 9/12/17]**

**R 325.1924 Reporting of incidents, accidents, elopement.**

- (1) The home shall complete a report of all reportable incidents, accidents, and elopements. The incident/accident report shall contain all of the following information:**
    - (a) The name of the person or persons involved in the incident/accident.**
    - (b) The date, hour, location, and a narrative description of the facts about the incident/accident which indicates its cause, if known.**
    - (c) The effect of the incident/accident on the person who was involved, the extent of the injuries, if known, and if medical treatment was sought from a qualified health care professional.**
    - (d) Written documentation of the individuals notified of the incident/accident, along with the time and date.**
    - (e) The corrective measures taken to prevent future incidents/accidents from occurring.**
- Definitions.**

**For  
reference:  
R 325.1901**

**(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.**

Review of an incident report for Resident A on 8/8/19, revealed the report did not include all required information. It did not include the effect on the resident; the name of the resident's authorized representative; the date and time that the resident's authorized representative was notified; the name of the resident's physician; the date and time the resident's physician was notified; nor were there any corrective measures written to prevent recurrence of the incident.

**Repeat rule violation [Ref: CAP dated 3/28/18 to Special Investigation Report (SIR) 2018A0585006]**

**R 325.1931 Employees; general provisions.**

- (6) The home shall establish and implement a staff training program based on the home's program statement, the residents service plans, and the needs of employees, such as any of the following:**
- (a) Reporting requirements and documentation.**
  - (b) First aid and/or medication, if any.**
  - (c) Personal care.**
  - (d) Resident rights and responsibilities.**
  - (e) Safety and fire prevention.**
  - (f) Containment of infectious disease and standard precautions.**
  - (g) Medication administration, if applicable.**

Staff #1 has worked at the home for almost a year as an aide and medication technician. Staff #1 said he did not know what a service plan was, nor the home's program statement. Staff #1 denied having received training on the program statement and resident service plans.

**R 325.1931 Employees; general provisions.**

- (7) The home's administrator or its designees are responsible for evaluating employee competencies.**

**For Employee records and work schedules.**

**reference:  
R 325.1944**

- (1) A home shall maintain a record for each employee which shall include all of the following:**
- (d) Summary of experience, education, and training.**

Review of Staff #1's employee record revealed no documentation confirming Staff #1 completed training based on the home's program statement and the residents' service plans, and there was no evidence that employee's competency in this training was evaluated by the home's administrator or designee.

**R 325.1932 Resident medications.**

**(2) The giving, taking, or applying of prescription medications shall be supervised by the home in accordance with the resident's service plan.**

A sample view of resident service plans revealed the giving, taking or applying of prescription medications was not always addressed in the resident's service plan.

For example: According to the medication administration record (MAR), Resident A has a physician's order for the medication Lorazepam as needed for anxiety. Resident A's service plan read, "Medication Administration - Whole - Staff to administer - PRN medication management". The service plan did not identify the specific information in regard to Resident A's behavioral needs of anxiety and the methods to address it. The service plan did not include how Resident A demonstrates "anxiety" that would alert and inform staff to identify this behavior, nor specific care and services to address the behavior including the use of medication.

**R 325.1932 Resident medications.**

**(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:**

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

Review of the *Controlled Substance Proof of Use* sheets at 4 pm on 8/9/19 revealed staff #1 had already used two tablets of Oxycodone 5 mg at 3 pm for Resident A and one tablet of Tramadol HCL 50 mg at 9 am for Resident J. However, staff #1 did not initial Resident A's nor Resident J's medication administration records (MAR) at the time the medications were given. At 4 pm on 8/9/19, both MARs had no initials for these two medications. Staff #1 said the medications were administered at the times they were documented on the *Proof of Use* sheets, but staff #1 did not initial the MAR as required.

Upon further review, the MAR revealed staff are not always initialing the MAR when medication is administered. In addition, staff are not always documenting the time and number of medications administered to ensure they are being administered in accordance with the order. For example: Resident A has an order for Oxycodone 5 mg give 1-2 tabs every 8 hours as needed for pain.

Staff initials documented on Resident A's MAR indicate the Oxycodone was administered once on 8/1, once on 8/4, twice on 8/5, once on 8/6, once on 8/7 and once on 8/8/19, but staff did not always initial the MAR for additional doses administered nor did they always document the time of administration and the number of tabs that were administered at each dose. Of these dates, only once on 8/5/19 staff wrote on the MAR that two tabs were given.

The *Controlled Substances Proof of Use* sheet revealed staff are using Resident A's Oxycodone but the omitted information from the MAR indicates the staff may or may not have actually administered the medication.

For example: According to the *Controlled Substances Proof of Use* sheet, on 8/7/19 staff documented three doses, two tabs each time, of Resident A's Oxycodone were used at 4 am, 3:30 pm and 11:30 pm for a total of six tabs for that day. However, the MAR has only one set of staff initials indicating only one dose was administered to Resident A at 3:30, and it does not specify the number of tabs given.

On 8/8/19, the *Controlled Substances Proof of Use* sheet indicates two doses of two tabs each of Resident A's Oxycodone were used at 12:30 (am/pm?) and at 8 pm for a total of four tabs that day. Although there is only one set of staff initials on Resident A's MAR on 8/8/19, with no time listed and no number of tabs given.

On 8/9/19, the *Controlled Substances Proof of Use* sheet indicates 2 tabs of Oxycodone were used but there were no staff initials on the MAR for this date, as staff #1 affirmed having not initialed the MAR as required.

**Repeat rule violation [Ref: CAP dated 9/27/17 to LSR dated 9/12/17]**

**R**                      **Resident medications.**  
**325.1932(3)**

**(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:**

**(e) Adjust or modify a resident's prescription medication with instructions from a prescribing licensed health care professional who has knowledge of the medical needs of the resident. A home shall record, in writing, any instructions regarding a resident's prescription medication.**

The home has not always recorded instructions for "PRN" or "as needed" medications.

For example: The home maintains and administers medications to Resident A and J. According to the medication administration record (MAR), Resident A has an order for Clearlax Powder 17 gm once daily "as needed"; and an order for Proair HFA 90 mcg inhale 2 puffs every 4 hours as needed.

Resident J has an order for Clearlax Powder 17 gm once daily as needed.

There are no instructions as to the circumstances or parameters to alert and inform staff when any of these medications would be “needed”.

Other medications prescribed “PRN” or “as needed” lack sufficient instructions to ensure the medications are administered as ordered.

For example: According to the MAR, Resident J has an order for Diclofenac Sodium 1% gel apply to shoulders as “as needed for pain”; and an order for Tramadol HCL 50 mg “as needed for pain”. There are no instructions clarifying if/when Diclofenac would be administered versus Tramadol for pain; whether they are prescribed for different pains or different levels of pain; whether both medications are to be administered together, separately, in tandem, etc.

In addition, other medications have various doses to be administered “as needed” but do not have instructions to clarify which dose would be needed and when.

For example: According to the MAR, Resident A has an order for “one or two tabs” of Oxycodone 5 mg as needed for pain. There are no instructions clarifying the parameters when one tab would be administered versus two.

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

**(2) The home shall prepare a work schedule showing the number and type of personnel scheduled to be on duty on a daily basis. The home shall make changes to the planned work schedule to show the staff who actually worked.**

**For reference:  
R 325.1931**

**(3) The home shall designate 1 person on each shift to be supervisor of resident care during that shift. The supervisor of resident care shall be fully dressed, awake, and on the premises when on duty.**

The home did not prepare the work schedule showing the type of personnel on duty. Specifically, the schedule did not identify the designated supervisor of resident care on each shift.

**R 325.1952 Meals and special diets.**

**(4) Medical nutrition therapy, as prescribed by a licensed health care professional and which may include therapeutic diets or special diets, supplemental nourishments or fluids to meet the resident's nutritional and hydration needs, shall be provided in accordance with the resident's service plan unless waived in writing by a resident or a resident's authorized representative.**

Staff #1 said Resident F requires a mechanical soft diet, as prescribed by her physician. However, on 8/9/19 staff #1 gave Resident F a rather thick and crispy bread grilled cheese sandwich without any alteration made to the food item, other than cutting the sandwich in half.

**R 325.1953      Menus.**

- (1) A home shall prepare and post the menu for regular and therapeutic or special diets for the current week. Changes shall be written on the planned menu to show the menu as actually served.**
- (2) A home shall maintain a copy of all menus as actually served to residents for the preceding 3 months.**

The facility's posted menu provided only a listing of food items for a regular diet. The menu included a written statement that foods would be altered to meet therapeutic diets. The altered foods were not identified, nor the means by which the foods would be altered. There were no therapeutic and/or special diet menus posted. Staff #1 said the facility currently provides a concentrated carbohydrate diet for certain residents who are diabetic; Resident A's special diet due to her colostomy; and Resident F's mechanical soft diet. However, none of these therapeutic or special diet menus were posted as required.

The therapeutic diet menus for the preceding three months were not maintained as actually served.

**Repeat rule violation [Ref: CAP dated 9/27/17 to LSR dated 9/12/17]**

**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.**

Exhaust ventilation was not functioning in the soiled linen room nor in the janitor closet.

**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.**

Facility staff had no method to demonstrate that the dishwasher was thoroughly cleaning and sanitizing multi-use utensils. Staff said there were no test strips available to check for sanitization.

**R 325.1976 Kitchen and dietary.**

**(15) Ice used in the home for any purpose shall be manufactured, stored, transported, and handled in a sanitary manner.**

Facility staff had no method to demonstrate that the ice machine was manufacturing and storing ice in a sanitary manner. Staff said the ice machine company came to the facility in June 2019 to sanitize the machine, but they had no evidence to ensure sanitization is being completed in accordance with manufacturer's instructions.

**R 325.1979 General maintenance and storage.**

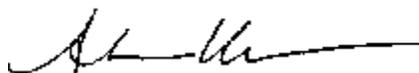
(1) The building, equipment, and furniture shall be kept clean and in good repair.

One facility exit door would not close and latch properly, according to maintenance staff. Consequently, a beeping alarm sounded continuously on 8/9/19.

Residents and a visitor said the facility's dining room is not kept clean. The furniture is sticky, the floor is dirty and often has food debris. I also observed this in the dining room and similar conditions of the appliances and floor in the adjoining prep kitchen on 8/9/19.

**IV. RECOMMENDATION**

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



8/16/2019

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Andrea Krausmann  
Licensing Consultant

Date