



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

ORLENE HAWKS
DIRECTOR

January 3, 2020

Michael Dyki
Stonecrest Of Rochester Hills
1775 S. Rochester Road
Rochester Hills, MI 48307

RE: License #: AH630382887

Dear Mr. Dyki:

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. If you fail to submit an acceptable corrective action plan, disciplinary action will result. 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.

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

License #:	AH630382887
Licensee Name:	Stonecrest Senior Living, LLC
Licensee Address:	5015 NW Canal St., Suite 200 Riverside, MO 64150
Licensee Telephone #:	(816) 888-7380
Administrator and Authorized Representative:	Michael Dyki
Name of Facility:	Stonecrest Of Rochester Hills
Facility Address:	1775 S. Rochester Road Rochester Hills, MI 48307
Facility Telephone #:	(248) 266-7680
Original Issuance Date:	06/01/2018
Capacity:	105
Program Type:	AGED ALZHEIMERS

II. METHODS OF INSPECTION

Date of On-site Inspection(s): 01/02/2020

Date of Bureau of Fire Services Inspection if applicable: 07/17/2019

Inspection Type: Interview and Observation Worksheet
 Combination

Date of Exit Conference: 01/02/2020

No. of staff interviewed and/or observed 26

No. of residents interviewed and/or observed 53

No. of others interviewed 5 Role family, home health care, hospice

- 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 in trust.
- 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: N/A
- Corrective action plan compliance verified? Yes CAP date/s and rule/s: SIR2020A1019012- CAP 11/6/19, SIR2019A1019046- CAP 6/4/19.
- Number of excluded employees followed up? 3 N/A

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

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

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.

The facility was unable to produce TB screens for employees Demiana Attalla, Kristen Brown and Cortez Graham. Employee Rain Kennedy was hired on 4/10/19 but her TB screen was given on 3/20/19 and read on 3/22/19.

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.**

The facility was unable to produce any training records for care staff Kristen Brown and Natalia Tuttle.

R 325.1931 Employees; general provisions.

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

The facility was unable to produce any competency evaluations for care staff Kristen Brown and Natalia Tuttle.

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, facility staff could not confirm that Resident A received one or more doses of his medication as prescribed on the following dates: 11/4/19, 11/25/19 and 12/20/19. Facility staff could not confirm that Resident B received one or more of her medications as prescribed on the following dates: 11/23/19. Facility staff could not confirm that Resident C received one or more of her medications as prescribed on the following dates: 11/7/19, 11/17/19, 11/22/19, 11/24/19, 11/25/19, 11/30/19, 12/13/19 and 12/31/19. Facility staff could not confirm that Resident D received one or more of his medications as prescribed on the following dates: 11/5/19, 11/1/19, 11/14/19, 11/16/19, 11/17/19, 11/20/19, 11/21/19, 11/30/19, 12/3/19, 12/5/19, 12/6/19, 12/11/19, 12/12/19, 12/18/19, 12/24/19, 12/27/19, 12/28/19, 12/29/19 and 12/31/19. Facility staff could not confirm that Resident E received one or more of his medications as prescribed on the following dates: 11/4/19, 11/7/19, 11/8/19, 11/10/19, 11/11/19, 11/15/19, 11/16/19, 11/17/19, 11/22/19, 11/25/19, 11/26/19, 11/30/19, 12/7/19, 12/8/19, 12/10/19, 12/12/19, 12/13/19, 12/16/19 and 12/23/19. Additionally, Resident E's medication administration record (MAR) included conflicting instruction regarding his Combigan eye drops. The MAR read "Instill 1 drop(s) in the right eye twice daily" and also read "Special instructions: drop into right eye three times a day". Review of Resident E's MAR reveals that staff have been administering the drops twice daily. There is no evidence to suggest that the facility has reached out to the resident's physician for clarification on this instruction.

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:

- (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 provided an accurate and complete medication log. Facility staff did not document a reason for the abovementioned missed medication doses for Residents A, B, C, D and E.

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.

Perishable food items located in the memory care pantry freezer, memory care kitchen cabinet and the commercial kitchen walk-in freezer that were opened, but not labeled, dated or properly sealed.

R 325.1976

Kitchen and dietary.

(8) A reliable thermometer shall be provided for each refrigerator and freezer.

Thermometers were missing from the refrigerator and freezer in the first floor activity/multipurpose room and the refrigerator and freezer in the memory care kitchen.

R 325.1979 General maintenance and storage.

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

Hazardous and toxic materials were located in an unlocked cabinet in the memory care activity room.

IV. RECOMMENDATION

Contingent upon receipt of an acceptable corrective action plan, receipt of the annual fee payment and closure of special investigation SIR2020A1019023, renewal of the license is recommended.



01/03/2020

Elizabeth Gregory- Weil
Licensing Consultant

Date