GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

ORLENE HAWKS
DIRECTOR

Ryan Jensen
Sunrise Assisted Living of Northville
16100 North Haggerty Road
Plymouth, MI 48170

December 26, 2019

RE: Application #: AH820400126
Sunrise Assisted Living of Northville
16100 North Haggerty Road
Plymouth, MI 48170

Dear Mr. Jensen:

Attached is the Original Licensing Study Report for the above referenced facility. Due to the severity of the violations, a written corrective action plan is required. 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 time frames (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 authorized representative and a date.

Upon receipt of an acceptable corrective action plan, a temporary 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 contact the local office at (248) 975-5053.

Sincerely,

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

enclosure

MICHIGAN DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
BUREAU OF COMMUNITY AND HEALTH SYSTEMS
LICENSING STUDY REPORT

I. IDENTIFYING INFORMATION

License #:	AH820400126
Applicant Name:	SZR Northville Assisted Living Opco, L.L.C.
Applicant Address:	Suite 200 500 N. Hurstbourne pkwy Louisville, KY 40222
Applicant Telephone #:	502-357-9380
Authorized Representative/ Administrator:	Ryan Jensen
Name of Facility:	Sunrise Assisted Living of Northville
Facility Address:	16100 North Haggerty Road Plymouth, MI 48170
Facility Telephone #:	(734) 420-4000
Application Date:	06/11/2019
Capacity:	118
Program Type:	AGED ALZHEIMERS

II. METHODOLOGY

06/11/2019	Enrollment
05/22/2019	Inspection Completed-Fire Safety: A
06/11/2019	Contact - Document Received Background check for Ryan Jensen
06/28/2019	Application Incomplete Letter Sent requested policies and procedures
12/17/2019	Inspection Completed On-site

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

A. Physical Description of Facility

Sunrise Assisted Living of Northville is located at 16100 North Haggerty Road, Plymouth, MI 48170, an urban area close to freeways and shopping centers. The facility is steel framed with two-stories above ground and a walk-out lower level. It was built in 1999 and has been operating as a licensed home for the aged since 2000.

The first floor has the entrance lobby, administrative offices, a bistro, the main kitchen, dining room, various activity rooms and 22 residential units designed for residents who require assisted living. Of these 22 units, 16 are approved by the Department's Health Facilities Engineering Section for double occupancy: rooms 113, 114, 115, 116, 117, 120, 121, 122, 123, 124, 130, 131, 132, 133, 134, and 135.

The second floor is also designed for residents requiring assisted living and it has 32 residential units with 24 approved for double occupancy: rooms 201, 202, 203, 204, 205, 206, 207, 213, 214, 215, 216, 217, 220, 221, 222, 223, 224, 230, 231, 232, 233, 234, 235, and 236. The second floor also has activity space and a hair salon.

The lower level of the building is commonly referred to as the "Terrace". It is designed for residents who have Alzheimer's disease or other forms of dementia. The Terrace has its own day/dining/activity areas and prep kitchen. It is a secured unit, requiring staff to enter a numerical code into a keypad to enter/egress the unit for resident safety. The Terrace has 16 residential units with 8 approved for double occupancy: rooms 13, 14, 15, 16, 21, 22, 23, and 24. Therefore, the facility has 70 residential units with 48 approved for double occupancy resulting in a total capacity of 118 residents.

All resident rooms have attached bathrooms including a shower. Emergency pull cords are present in all bathrooms, in order to call for staff assistance when needed.

Residents will also be provided the option to wear electronic pendants. Pressing the pendant's button will alert staff to the resident's need for attention.

The facility has one elevator. The facility is equipped with a fire suppression system and a generator in case of a power failure. The facility has public water and sewage. On 5/22/19, Larry DeWachter, State Fire Marshal inspector with the Department of Licensing and Regulatory Affairs Bureau of Fire Services issued approval of the facility's fire safety system.

B. Program Description

Sunrise of Northville has been owned/operated as a licensed home for the aged by SZR Northville Assisted Living LLC since 2006, until a recent internal restructuring of the operator and real estate owner, when the operation transferred to SZR Northville Assisted Living OpCo LLC. On 6/11/19, SZR Northville Assisted Living OpCo LLC applied for a home for the aged license under building fire safety type Chapter 19 Existing Health Facility. A business entity search of the State of Michigan Department of Licensing and Regulatory Affairs revealed SZR Northville Assisted Living OpCo LLC is a foreign limited liability company with a qualification date in Michigan of 4/25/19.

SZR Northville Assisted Living OpCo LLC entered into a management agreement with Sunrise Senior Living Management, Inc. to operate the facility.

As a licensed home for the aged, SZR Northville Assisted Living OpCo LLC will provide through its management company room, board, protection, supervision, assistance and supervised personal care to individuals aged 55 and older, along with the provision of services to individual with Alzheimer's disease or related conditions in the memory care unit. Initial and ongoing training will be provided to all staff including specialized training for working with residents with memory care needs.

SZR Northville Assisted Living OpCo LLC will not be holding any resident funds therefore, no surety bond is required.

SZR Northville Assisted Living OpCo LLC has a policy for no smoking in the building, however, residents, staff and visitors are permitted to smoke in a designated area outside of the building.

The facility has a pet policy that allow residents to have pets provided there is administrative approval, and that the resident is able to care for their pet. The facility currently has a house dog named "Rex" and two fish tanks.

C. Rule/Statutory Violations

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.**
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. **(22) "Supervised personal care" means guidance of or assistance with activities of daily living provided to the resident by a home or an agent or employee of a home.** **(23) "Supervision" means guidance of a resident in the activities of daily living, and includes all of the following:** **(a) Reminding a resident to maintain his or her medication schedule in accordance with the instructions of the resident's licensed health care professional as authorized by MCL 333.17708.** **(e) Supporting a resident's personal and social skills.** **(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.**
On 12/17/19, Resident A had a bedside assistive device commonly known as a "Halo" ring, attached to one side of her bed. The Sunrise bed safety program	

policy specifies that a nurse will complete a Service Evaluation & Health Assessment (SEHA), reviewing the residents' bed mobility, cognition and safety awareness as well as ability to transfer between positions, to determine if an assistive device is needed. This SEHA evaluation/assessment was not observed in the resident's record. Resident A's husband signed the facility's *Acknowledgement and Consent* form for use of the device, although there was no evidence in the record to indicate Resident A was incapable of making her own decisions. This is not in compliance with the facility's policy about the risks of using bedside assistive devices. Also, there was no physician's order located for the use of this device, which is incompatible with the facility's policy.

In addition, Resident A's service plan read, "I need a halo bar and wheelchair to assist with transferring. I need a BED MOBILITY HALO BAR to assist with transferring. I need physical assist of 2 persons when transferring…Ensure my assistive device is available for use, clean and in good condition." The service plan was not in compliance with Sunrise policy to include when to use the device, monitoring and resident specific care instructions, difficulties or changes in the resident's ability to utilize the device, and changes to the resident's bed environment, including the addition or removal of assistive devices. The service plan was not updated to specify methods of providing care and services, fre2quency of resident observation when bedside assistive device is in use, methods of monitoring the equipment by trained staff for maintenance of the device and for monitoring measurement of gaps to protect the resident from the possibility of physical harm related to possible entrapment, entanglement, strangulation, etc.

Therefore, the owner/operator did not maintain an organized program for the protection, supervision and personalized care of Resident A in regard to the use of this device.

	VIOLATION ESTABLISHED
R 325.1922	**Admission and retention of residents.**
	(7) An individual admitted to residence in the home shall have evidence of tuberculosis screening on record in the home which consists of an intradermal skin test, chest x-ray, or other methods recommended by the local health authority performed within 12 months before admission.
Administrator Ryan Jensen was unable to provide evidence that an annual TB risk assessment for residents had been completed.	
	VIOLATION ESTABLISHED

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.
Mr. Jensen was unable to provide evidence that an annual TB risk assessment for employees had been completed.	
	VIOLATION ESTABLISHED
R 325.1931	**Employees; general provisions.**
	(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.
According to Mr. Jensen, there are two persons designated to be supervisors of resident care on each shift; one supervisor in the assisted living area of the home and one supervisor in Terrace, the memory care unit of the home. This is not in compliance with this rule.	
	VIOLATION ESTABLISHED
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.
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 B has an order for Ativan every 4 hours as	

needed for “increased anxiety”. Resident B’s service plan read, “Encourage me to express my feelings and concerns during episodes of mood changes and or increased irritability. I can be redirected by leaving me alone for a few minutes to calm down when I’m frustrated or worried. . . I am receiving an anti psychotic/psychotropic medication Ativan and quetiapine due to my diagnosis of anxiety and cognitive disorder. I will be/remain free from my behaviors related to my diagnosis and related complications including movement disorder, discomfort, hypotension, gait disturbance. Discuss with my physician and family the continued need for the use of these meds. Review behavior/interventions, alternative therapies and effectiveness.” The service plan did not provide information as to how Resident B demonstrates anxiety for staff to recognize the behavior, nor does the service plan provide specific methods for the intervention of this behavior including the use of Ativan as needed. Similarly, Resident C has an order for Ativan as needed for anxiety. Resident C’s service plan read, “Sunrise team member will assist me/ administer my medication(s) with my preferred beverage. Again, the service plan was not updated to provide information as to how Resident C demonstrates anxiety for staff to recognize the behavior, nor does the service plan provide specific methods for the intervention of this behavior including the use of Ativan as needed.	
	VIOLATION ESTABLISHED
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: **(c) Record the reason for each administration of medication that is prescribed on an as-needed basis.**
Staff did not document the reason for each administration of medication that is prescribed on an as-needed basis. For example: Resident B has an order for Ativan every 4 hours as needed for increased anxiety. Staff initials on the MAR indicate it was administered on 12/10, 12/11, 12/13, 12/14 and 12/17/19, however, there were no reasons documented for these administrations. The omission of reasons was confirmed by Ms. Bonner and Ms. Ochoa, who said the electronic MAR only prompts staff to enter whether the medication was effective or not.	
	VIOLATION ESTABLISHED

R 325.1932(3)	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: **(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 D. According to the MAR, Resident D has an order for Morphine every four hours as needed for pain"; and an order for Tramadol HCL Tablet every four hours "as needed for pain". There were no instructions clarifying if/when Morphine 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. The MAR lacks sufficient instructions to ensure the medications are administered as ordered. In addition, the home did not always record in writing instructions regarding the crushing of resident medications. For example: On 12/17/19, I observed Ms. Jajuga crush Tylenol medication and administer it to Resident C, although the MAR has no instructions indicating such modification to the medicine. It should be noted that Resident C has medication orders such as Ativan that are not to be crushed according to www.mayoclinic.org.	

R 325.1932	Resident medications.
	(5) A home shall take reasonable precautions to ensure or assure that prescription medication is not used by a person other than the resident for whom the medication is prescribed.
To ensure narcotic medication is not used by a person other than the resident for whom the medication is prescribed, the facility implemented a procedure of maintaining a controlled substance inventory sheets for all such medications. As confirmed by Resident Care Director Kathy Ochoa, at the change of each shift the staff person who is about to leave their shift will meet with the staff person arriving for the next shift. Together, the two staff persons will manually count every narcotic medication in the medication cart for which they are responsible and ensure that the number of medications available in the cart matches the number on the	

accountability sheets. Then, both staff persons are to sign the *Narcotic Count Sheet* indicating they are in agreement with the count.

However, on 12/17/19 at approximately 1 pm, the *Narcotic Count Sheet* revealed that at 7:12 am that day, day shift staff Jordan Jajuga had signed the sheet with another day shift staff D'Nesi Bonner rather than with the exiting midnight shift staff. Ms. Jajuga said the midnight shift staff had already left and did not conduct the count with her so she counted with a co-worker instead.

Therefore, the facility staff is not following the facility's procedure/policy in taking the reasonable precautions to ensure prescription medication is not used by a person other than the resident for whom the medication is prescribed.

Upon further review, it was noted that the *Narcotic Count Sheet* had been signed twice on afternoon shift. "D. Garvin" signed the sheet at 5:30 pm on 12/16/19 as an exiting staff and staff Shajuana Duncan signed the document for starting her shift. The sheet was signed again at 9:30 pm on 12/16/19 by Ms. Duncan as an exiting staff, along with "D. Garvin" as a staff coming on duty. Mr. Jensen and Ms. Ochoa did not know who "D. Garvin" was and Ms. Ochoa was certain that s/he had not completed medication training. In a follow-up telephone conversation, Mr. Jensen confirmed with Ms. Duncan that there was no staff by the name of D. Garvin. Ms. Duncan said she signed that name to the sheet in addition to her own signatures.

	VIOLATION ESTABLISHED
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.

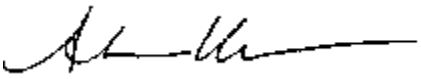
The staff work schedule did not show the type of personnel scheduled on duty. Specifically, the schedule did not identify one supervisor of each shift but instead identified two "Lead Care Managers" on each shift, which according to Mr. Jensen, represents two supervisors on each shift.

	VIOLATION ESTABLISHED

On 12/17/19, I reviewed the findings of this report with authorized representative Ryan Jensen while on-site.

IV. RECOMMENDATION

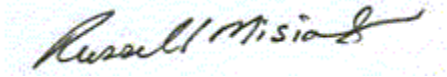
Contingent upon receipt of an acceptable corrective action plan, a 6-month temporary home for the aged license for aged and Alzheimer's /dementia programs is recommended.



12/20/19

Andrea Krausmann — Date
Licensing Staff

Approved By:



12/26/19

Russell B. Misiak — Date
Area Manager