



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

ORLENE HAWKS  
DIRECTOR

January 14, 2020

Colleen Heath  
Adored Living LLC  
2863 S Hadley Rd  
Ortonville, MI 48462

RE: License #: AS630396401  
**Rochester Hills Manor**  
**185 S Boulevard E**  
**Rochester Hills, MI 48307**

Dear Mrs. Heath:

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 licensee or licensee designee and a date.

Upon receipt of an acceptable corrective plan, a regular license will be issued. If you fail to submit an acceptable corrective action plan, disciplinary action will result.

Please contact me with any questions. In the event that I am not available and you need to speak to someone immediately, you may contact the local office at (248) 975-5053.

Sincerely,

A handwritten signature in light blue ink, appearing to be the initials 'EJ'.

Eric Johnson, Licensing Consultant  
Bureau of Community and Health Systems  
4th Floor, Suite 4B  
51111 Woodward Avenue  
Pontiac, MI 48342

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

**I. IDENTIFYING INFORMATION**

<b>License #:</b>	AS630396401
<b>Licensee Name:</b>	Adored Living LLC
<b>Licensee Address:</b>	2863 S Hadley Rd Ortonville, MI 48462
<b>Licensee Telephone #:</b>	(248) 931-9009
<b>Licensee/Licensee Designee:</b>	Colleen Heath, Designee
<b>Administrator:</b>	Colleen Heath
<b>Name of Facility:</b>	Rochester Hills Manor
<b>Facility Address:</b>	185 S Boulevard E Rochester Hills, MI 48307
<b>Facility Telephone #:</b>	(248) 931-9009
<b>Original Issuance Date:</b>	06/28/2019
<b>Capacity:</b>	6
<b>Program Type:</b>	ALZHEIMERS AGED

**II. METHODS OF INSPECTION**

Date of On-site Inspection(s): 01/10/2020

Date of Bureau of Fire Services Inspection if applicable: N/A

Date of Health Authority Inspection if applicable: N/A

Inspection Type:  Interview and Observation  Worksheet  
 Combination  Full Fire Safety

No. of staff interviewed and/or observed 3  
No. of residents interviewed and/or observed 3  
No. of others interviewed N/A Role: [REDACTED]

- Medication pass / simulated pass observed? Yes  No  If no, explain.
- Medication(s) and medication record(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.
- Fire safety equipment and practices observed? Yes  No  If no, explain.
- E-scores reviewed? (Special Certification Only) Yes  No  N/A   
If no, explain.
- Water temperatures checked? Yes  No  If no, explain.
- Incident report follow-up? Yes  No  If no, explain.
- Corrective action plan compliance verified? Yes  CAP date/s and rule/s:  
N/A
- Number of excluded employees followed-up? N/A
- Variances? Yes  (please explain) No  N/A

### III. DESCRIPTION OF FINDINGS & CONCLUSIONS

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

<b>R 400.14204</b>	<b>Direct care staff; qualifications and training.</b>
	<p>(3) A licensee or administrator shall provide in-service training or make training available through other sources to direct care staff. Direct care staff shall be competent before performing assigned tasks, which shall include being competent in all of the following areas:</p> <ul style="list-style-type: none"> <li>(b) First aid.</li> <li>(c) Cardiopulmonary resuscitation.</li> </ul>

During the onsite inspection on 01/10/20, I observed staff Eunice Palmeira's employee file did not contain written evidence of current First aid and CPR training.

<b>R 400.14306</b>	<b>Use of assistive devices.</b>
	<p>(3) Therapeutic supports shall be authorized, in writing, by a licensed physician. The authorization shall state the reason for the therapeutic support and the term of the authorization.</p>

During the onsite inspection on 01/10/20, I observed that Resident A and C does not have an authorized prescription for the use of a Hospital Bed on file for review.

<b>R 400.14312</b>	<b>Resident medications.</b>
	<p>(2) Medication shall be given, taken, or applied pursuant to label instructions.</p>

During the onsite inspection on 01/10/20, I observed Resident B's medication, Escitalopram 5MG did not match the Medication Administration Record (MAR). The dosage on the Medication Administration Record (MAR) states to take two tablet by mouth every day in the morning, the dosage on the label of the medication states to take one tablet by mouth every day.

During the onsite inspection on 01/10/20, I observed Resident B's medication, Alprazolam 0.5MG did not match the Medication Administration Record (MAR). The dosage on the Medication Administration Record (MAR) states to take ½ tablet at 5 PM and ½ tablet as needed, the dosage on the prescription of the medication states to take one tablet two times a day as needed. There is no prescription ordering a change of dosage on file.

<b>R 400.14315</b>	<b>Handling of resident funds and valuables.</b>
	(3) A licensee shall have a resident's funds and valuables transaction form completed and on file for each resident. A department form shall be used unless prior authorization for a substitute form has been granted, in writing, by the department.

During my onsite inspection on 01/07/20, Resident B's form Funds Part 2 were not completed.

<b>R 400.14316</b>	<b>Resident records.</b>
	(1) A licensee shall complete, and maintain in the home, a separate record for each resident and shall provide record information as required by the department. A resident record shall include, at a minimum, all of the following information: (a) Identifying information, including, at a minimum, all of the following: (vi) Name, address, and telephone number of the preferred physician and hospital. (viii) Funeral provisions and preferences

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During my onsite inspection on 01/10/20, I observed that Resident A file did not contain the name, address, and telephone number of the preferred physician and hospital.

During my onsite inspection on 01/10/20, I observed that Resident C's file did not contain burial provisions.

<b>R 400.14505</b>	<b>Smoke detection equipment; location; battery replacement; testing, examination, and maintenance; spacing of detectors mounted on ceilings and walls; installation requirements for new construction, conversions and changes of category.</b>
	(4) Detectors shall be tested, examined, and maintained as recommended by the manufacturer.

During my onsite inspection on 01/10/20, I observed that the smoke detector in the common area between bedrooms, did not work when tested.

#### IV. RECOMMENDATION

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



1/14/20

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Date

Licensing Consultant