



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

ORLENE HAWKS
DIRECTOR

July 14, 2020

Ashley Dubay
Sunrise Assisted Living of Troy
6870 Crooks Rd
Troy, MI 48098

RE: License #: AH630399616

Dear Ms. Dubay:

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 (517) 284-9730.

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

enclosure

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

I. IDENTIFYING INFORMATION

License #:	AH630399616
Licensee Name:	SZR Troy Assisted Living Opco, L.L.C.
Licensee Address:	Suite 200 500 N. Hurstbourne Pkwy Louisville, KY 40222-3301
Authorized Representative:	Ashley Dubay
Name of Facility:	Sunrise Assisted Living of Troy
Facility Address:	6870 Crooks Rd Troy, MI 48098
Facility Telephone #:	(248) 293-1200
Original Issuance Date:	01/01/2020
Capacity:	80
Program Type:	ALZHEIMERS AGED

II. METHODS OF INSPECTION

Date of On-site Inspection(s): 07/08/2020

Date of Bureau of Fire Services Inspection if applicable: 10/17/2019

Inspection Type: Interview and Observation Worksheet
 Combination

Date of Exit Conference: 07/08/2020

No. of staff interviewed and/or observed 22

No. of residents interviewed and/or observed 16

No. of others interviewed 0 Role

- 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, 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: N/A
- 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 325.1932 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 or provide. For example, Resident A missed her scheduled doses of Vitamin B12 on 6/17/20-6/19/20. Facility staff documented the reason for the missed doses as “medication pending delivery”. Facility administrator/authorized representative Ashley Dubay reported that the facility’s contracted pharmacy provides deliveries daily and staff should obtain status updates from the pharmacy when a medication is not received timely. Ms. Dubay reported that staff did not contact the pharmacy regarding the medication delivery until 6/17/20, which is when the first dose was missed.

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 exhaust ventilation was not functioning in the bathrooms located in resident rooms 128, 227 and 228 along with the first floor assisted living area laundry room.

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 walk-in refrigerator and freezer were not properly sealed, labeled or dated.

R 325.1976 Kitchen and dietary.

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

Thermometers were missing from resident room 110 and the main refrigerator and freezer in the memory care unit.

IV. RECOMMENDATION

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



7/14/20

Elizabeth Gregory-Weil
Licensing Consultant

Date