



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

ORLENE HAWKS
DIRECTOR

Jeanette Allen
Balfour Ann Arbor
2840 S Main St
Ann Arbor, MI 48103

November 2, 2020

RE: License #: AH810401212
Balfour Ann Arbor
2840 S Main St
Ann Arbor, MI 48103

Dear Ms. Allen:

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 and approval by the Bureau of Fire Services, 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 (517) 284-9730.

Sincerely,

Jessica Rogers, Licensing Staff
Bureau of Community and Health Systems
611 W. Ottawa St.
Lansing, MI 48909
(517) 285-7433

enclosure

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

I. IDENTIFYING INFORMATION

License #:	AH810401212
Licensee Name:	Ann Arbor Senior Living Owner, LLC
Licensee Address:	Ste 3500 1999 Broadway Denver, CO 80202
Licensee Telephone #:	(303) 926-3012
Authorized Representative:	Jeanette Allen
Administrator:	Michael Scully
Name of Facility:	Balfour Ann Arbor
Facility Address:	2840 S Main St Ann Arbor, MI 48103
Facility Telephone #:	(734) 359-3500
Original Issuance Date:	01/17/2020
Capacity:	71
Program Type:	AGED ALZHEIMERS

II. METHODS OF INSPECTION

Date of On-site Inspection(s): 10/28/2020

Date of Bureau of Fire Services Inspection if applicable: 10/23/2020

Inspection Type: Interview and Observation Worksheet
 Combination

Date of Exit Conference: 11/2/20

No. of staff interviewed and/or observed 15

No. of residents interviewed and/or observed 15

No. of others interviewed N/A No visitors allowed in facility at this time due to COVID-19 pandemic 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. No resident funds held
- Meal preparation / service observed? Yes No If no, explain.
- Fire drills reviewed? Yes No If no, explain.
No applicable licensing rules. Bureau of Fire Services reviews fire drills.
Interviewed staff about facility's disaster plan.
- Water temperatures checked? Yes No If no, explain.
- Incident report follow-up? Yes IR date/s: 10/21/20 N/A
- Corrective action plan compliance verified? Yes CAP date/s and rule/s: N/A
- 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:

<p>R 325.1921</p>	<p>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.</p>
<p>The owner, operator, governing body did not assure that the home maintains an organized program to provide room and board, protection, supervision, assistance, and supervised personal care for its residents as evidenced by the following:</p> <p>According to the Health and Wellness Director Constance Laderoot, the facility does not have a written policy nor specific staff training for the use of bedside assistive devices on or about the bed. At the time of the on-site inspection, three residents had bedside assistive devices. Resident A has an extended grab bar approximately 2 ½ feet long and approximately 12 inches above the mattress. It was not directly affixed to the bedframe but instead was strapped to the bedframe with material mesh straps. This type of device is prohibited according to the AFC and Camps Licensing Division technical assistance handbook located at: http://www.michigan.gov/documents/dhs/HFA_Technical_Assistance_Handbook_343632_7.pdf</p> <p>Resident B and Resident C had bedside assistive devices commonly referred to as “Halo Rings”. Resident B had one Halo Ring attached to one side of the bed. The mattress easily shifted away from the device creating a gap, putting the resident at risk of entanglement/entrapment. Resident C had two Halo Rings, one attached to each side of the bed. Ms. Laderoot said there were no physician orders for any of the three residents’ bedside assistive devices. Ms. Laderoot said the facility’s maintenance worker Tracy Christian applies the devices to the bedframes and she believed Ms. Christian conducted a measurement assessment of the device and the bed parts to ensure no areas of entanglement. However, Ms. Christian said she did not do any type of measurement assessment. Ms. Laderoot and Ms. Christian had no manufacturer’s guidelines for proper installation and use of the bed devices.</p> <p>It was observed that the distance between the slats (horizontal or vertical supports between the perimeter of the Halo Rings) is large enough for a</p>	

hand/foot to fit through and cause possible entangle/entrapment. Ms. Laderoot confirmed there are no manufacturer approved protective covers for the Halo Rings to close off the open spaces.

In addition, the residents' service plans omit or lack sufficient information for specific use, care and maintenance of the various devices.

Resident A's 10/10/20 service plan read, "Resident will be safe with transfers with assistance of staff. Grab bar in use...Requires assist X 1 with transfer belt for all transfers. Has a grab bar in place for transferring and repositioning. Report all changes in transfer and repositioning status to nurse."

Resident B's 9/3/20 service plan read, "Resident will be safe with transfers with assistance of staff. Use of Halo bar in place. [Resident A] Requires assist x2 with transfer belt for all transfers. Resident has halo bar to bed for repositioning due to a stroke. Report if any issues are noted".

Resident C's 8/31/20 service plan read, "Resident will be safe with transfers with assistance of staff. Halo bars present. Report to nurse if resident has a change in transferring ability. Has Halo bars in place for bed repositioning and transfer. Report any changes noted as needed."

Service plans for all of these residents omit or lack sufficient information for specific care and maintenance in using the various bed frame devices. Although the service plans state the purpose of the device, the plans have not been updated to include methods of providing the care and services regarding implementation in the use of the device, including a means for the resident to summon staff, methods for on-going monitoring of the resident, methods of monitoring the equipment by trained staff for maintenance of the device and for monitoring measurements of gaps to protect the resident from the possibility of physical harm related to entrapment, entanglement, strangulation, etc.

VIOLATION ESTABLISHED

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: R 325.1901	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.

The home did not always update resident service plans when significant change in resident needs occurred. For examples:

According to Ms. Laderoot, staff administer a straight catheter to Resident C twice a week for any residual urine. Ms. Laderoot said Resident C used to do this independently but now requires staff to insert the catheter. Resident C's 8/31/20 service plan still read, "[Resident C] requires no assistance with catheter care/reordering of supplies. Family will assist with all supplies as needed. Staff nurse will provide stand by assistance with Cath care". The service plan was not updated to the change of requiring staff to insert the catheter, nor did it identify the specific care and maintenance, and services required for Resident C's well-being and the methods of providing the care and services while taking into account the preferences and competency of the resident. It should also be known, that according to Ms. Laderoot, there is no longer a staff nurse on duty 24 hours a day to provide catheter care to Resident C, should he require it. Ms. Laderoot said she was unsure whether other staff on duty were trained in catheter care.

In addition, Ms. Laderoot said Resident A has a condom catheter. Resident A's 10/10/20 service plan read, "Resident will receive assistance from staff with applying condom catheter at night and removing condom catheter in the morning. Report to nurse if leaking is noted from catheter. Report to nurse if resident does not void in 8 hour time frame. Report to nurse if resident is complaining of discomfort. Requires assistance with emptying condom catheter every morning. Requires assistance with reordering supplies from {specify}". The service plan was not updated to include specific care and services in regard to application and removal of the condom catheter, and it did not address action the staff are to implement when there is no nurse on duty.

VIOLATION ESTABLISHED

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.
<p>A review of the medication administration record (MAR) revealed medications were not always administered as ordered by the prescribing licensed health care professional. For example: Resident D was prescribed Clonazepam 0.5 mg as needed “for anxiety” up to twice daily. However, staff documented that they administered the medication for “agitation” and not anxiety on 10/20, 10/22 [at 13:17 1:17pm], 10/23 [13:12 1:12pm] and on 10/28/20 [13:15 1:15 pm].</p>	
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.
<p>The giving, taking or applying of prescription medications was not always addressed in the resident’s service plan.</p> <p>For example: According to the medication administration record (MAR), Resident D was prescribed Clonazepam 0.5 mg as needed for anxiety up to twice daily and Risperidone 0.25 mg 1 tablet every day as needed for anxiety. Resident D’s service plan did not specify that Resident D has anxiety behaviors requiring medication treatment. Resident D’s 8/18/20 service plan provided no information on how the resident demonstrates these behaviors to alert and inform staff, nor did it include any specific care and services methodology for staff to address the behaviors including non-medicinal interventions and the use of each medication.</p>	
VIOLATION ESTABLISHED	
R 325.1932(3)	Resident medications.
	<p>(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:</p> <p>(c) Record the reason for each administration of medication that is prescribed on an as-needed basis.</p>

<p>Staff did not always record the reason for each administration of medication that is prescribed on an as needed basis. For example: Resident D is prescribed Clonazepam 0.5 mg, give 1 tablet orally up to twice daily as needed for anxiety.</p> <p>Staff initials indicate it was administered twice on 10/23/20 at 18:31[6:31 pm] and at 19:47 [7:47 pm] with no reasons documented.</p>	
<p>VIOLATION ESTABLISHED</p>	
<p>R 325.1932(3)</p>	<p>Resident medications.</p>
	<p>(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:</p> <p>(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.</p>
<p>The prescribed “PRN” or “as needed” medications lack sufficient instructions to ensure the medications are administered as ordered. For instance, a resident is prescribed various medications for the same purpose without sufficient instructions clarifying situations and/or parameters as to when to administer one medication or the other; or one dose or the other.</p> <p>For example: According to the MAR, Resident D has an order for Clonazepam “as needed for anxiety” and an order for Risperidone “as needed for anxiety”. There are no instructions clarifying if/when Clonazepam would be administered versus Risperidone for anxiety; whether both medications are to be administered together, separately, in tandem, etc.</p> <p>In addition, the Clonazepam was written to be administered “as needed up to twice daily” but does not have instructions to clarify time parameters it may be given. For example: According to staff initials on the MAR, Resident D was given Clonazepam on following dates and times: 10/21/20 at 1438 [2:38 pm] and again at 1718 [5:18 pm]; on 10/22/20 it was administered at 1317 [1:17 pm] and again at 1623 [4:23 pm], and on 10/23/20 it was administered at 1312 [1:12 pm] and 1831 [6:31 pm]. It is unknown whether these time frames were appropriate.</p>	
<p>VIOLATION ESTABLISHED</p>	

R 325.1931	Employees; general provisions.
	(7) The home’s administrator or its designees are responsible for evaluating employee competencies.
For reference: 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.
For reference: R 325.1981	Disaster plans.
	(1) A home shall have a written plan and procedure to be followed in case of fire, explosion, loss of heat, loss of power, loss of water, or other emergency. (3) Personnel shall be trained to perform assigned tasks in accordance with the disaster plan.
For reference: MCL 333.20178	Nursing home, home for the aged, or county medical care facility; description of services to patients or residents with Alzheimer’s disease; contents; “represents to the public” defined.
	(1) Beginning not more than 90 days after the effective date of the amendatory act that added this section, a health facility or agency that is a nursing home, home for the aged, or county medical care facility that represents to the public that it provides inpatient care or services or residential care or services, or both, to persons with Alzheimer’s disease or a related condition shall provide to each prospective patient, resident, or surrogate decision maker a written description of the services provided by the health facility or agency to patients or residents with Alzheimer’s disease or a related condition. A written description shall include, but not be limited to, all of the following: (d) Staff training and continuing education practices.

	<p>(2) As used in this section, “represents to the public” means advertises or markets the facility as providing specialized Alzheimer’s or dementia care services.</p>
<p>The facility had a staff training program and competency of trainings were evaluated for some staff, but not for all staff that work independently with residents. For examples:</p> <p>Staff member Rebecca Yeske said she has worked at the facility approximately one year. Ms. Yeske works as a medication technician and supervisor of resident care on various shifts. Ms. Yeske said she was not trained on the facility’s disaster plan and she also said in the event of a flood she would “call maintenance.”</p> <p>Ms. Laderoot provided documentation of training for nurse staff member Samrawit Gemechu. The training included Abuse & Neglect, Personal Protective Equipment, PointClickCare [the facility’s documentation system]–The Basics and Resident Information for Senior Living, however, there were other trainings not completed per the documentation provided such as: The facility’s program statement, resident service plans, disaster plans including: fire, explosion, loss of heat, loss of power, loss of water, or other emergency, working with residents with Alzheimer’s disease or a related condition, first aid, medication administration, personal care, resident rights and responsibilities, safety and fire prevention, containment of infectious disease and standard precautions.</p> <p>Per Ms. Laderoot, Samrawit Gemechu has been employed with the company for four months and has been working independently with residents. Ms. Laderoot stated that the training for Samrawit Gemechu is incomplete.</p>	
<p>VIOLATION ESTABLISHED</p>	
<p>R 325.1944</p>	<p>Employee records and work schedules.</p>
	<p>(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.</p>
<p>For reference: R 325.1931</p>	<p>Employees; general provisions.</p>
	<p>(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.</p>

<p>The facility's work schedule did not include the types of personnel on duty. Specifically, the schedule did not always identify the supervisor of resident care for each shift. For examples: Ms. Laderoot stated that the registered nurses scheduled on duty, such as Samrawit Gemechu and Grace Bolanie, would be the supervisor of resident care for that shift. However, the schedule provided for October 2020 did not indicate the nurse on duty is the supervisor nor did the schedule specify any type of personnel for each shift, such as Rebecca Yeske being the medication technician on duty.</p>	
<p>VIOLATION ESTABLISHED</p>	
<p>R 325.1953</p>	<p>Menus.</p>
	<p>(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.</p>
<p>The facility did not post therapeutic or special diet menus. Per Assistant Executive Chef Mike Leininger and Dining Room Manager Alix Gardner, the facility is serving therapeutic diets of mechanical soft to two residents and puree to one resident, however, none of these menus have been posted.</p>	
<p>VIOLATION ESTABLISHED</p>	
<p>R 325.1954</p>	<p>Meal and food records.</p>
	<p>The home shall maintain a record of the meal census, to include residents, personnel, and visitors, and a record of the kind and amount of food used for the preceding 3-month period.</p>
<p>Per Mr. Leininger, the facility does not track the amount of food used. Also, Mr. Leininger did not provide a copy of the facility's meal census.</p>	
<p>VIOLATION ESTABLISHED</p>	
<p>R 325.1976</p>	<p>Kitchen and dietary.</p>
	<p>(8) A reliable thermometer shall be provided for each refrigerator and freezer.</p>

There was not a thermometer in some of the resident's room refrigerator/freezers. Some of the refrigerators that had thermometers read outside the recommended temperature of 40 degrees Fahrenheit. For example, resident room 1205 did not have a thermometer in the refrigerator. In resident rooms 1201 and 1205, the thermometer read 50 degrees Fahrenheit. It was also noted that Resident B's refrigerator contained butter that was two years past its expiration date.

VIOLATION ESTABLISHED

On 11/2/20, Andrea Krausmann and I reviewed the findings of this report with licensee authorized representative Jeanette Allen via telephone.

IV. RECOMMENDATION

Contingent upon receipt of an acceptable corrective action plan and approval by the Bureau of Fire Services, renewal of the license is recommended.



11/2/20

Jessica Rogers
Licensing Consultant

Date