



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

ORLENE HAWKS  
DIRECTOR

June 22, 2021

Michele Locricchio  
Anthology of Northville  
44600 Five Mile Rd  
Northville, MI 48168

RE: License #: AH820399661  
Investigation #: 2021A1019035

Dear Ms. Locricchio:

Attached is the Special Investigation Report for the above referenced facility. Due to the violations identified in the report, a written corrective action plan is required. Failure to submit an acceptable corrective action plan will result in disciplinary action. 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 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.

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,

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  
SPECIAL INVESTIGATION REPORT**

**I. IDENTIFYING INFORMATION**

<b>License #:</b>	AH820399661
<b>Investigation #:</b>	2021A1019035
<b>Complaint Receipt Date:</b>	06/02/2021
<b>Investigation Initiation Date:</b>	06/03/2021
<b>Report Due Date:</b>	08/02/2021
<b>Licensee Name:</b>	CA Senior Northville Operator, LLC
<b>Licensee Address:</b>	44600 Five Mile Rd Northville, MI 48168
<b>Licensee Telephone #:</b>	(312) 994-1880
<b>Administrator:</b>	Jeffrey Madak
<b>Authorized Representative:</b>	Michele Locricchio
<b>Name of Facility:</b>	Anthology of Northville
<b>Facility Address:</b>	44600 Five Mile Rd Northville, MI 48168
<b>Facility Telephone #:</b>	(248) 697-2900
<b>Original Issuance Date:</b>	08/12/2020
<b>License Status:</b>	TEMPORARY
<b>Effective Date:</b>	08/12/2020
<b>Expiration Date:</b>	02/11/2021
<b>Capacity:</b>	103
<b>Program Type:</b>	ALZHEIMERS AGED

## II. ALLEGATION(S)

	<b>Violation Established?</b>
Infection control procedures are not followed.	No
Falls are not reported.	No
Staff are not trained.	No
Additional Findings	Yes

## III. METHODOLOGY

06/02/2021	Special Investigation Intake 2021A1019035
06/02/2021	Comment Complaint was forwarded to LARA from APS. APS did not open the referral for investigation. Additionally, the referral source is anonymous.
06/03/2021	Special Investigation Initiated - Letter Emailed administrator Jeff Madak and authorized representative Michele Locricchio for additional information, correspondence is ongoing.
06/15/2021	Inspection Completed On-site
06/15/2021	Inspection Completed-BCAL Sub. Compliance
06/16/2021	Contact - Telephone call made Called Wayne County Health Department epidemiologist Lukas Ayers (734-727-7076), left voicemail requesting return phone call.
06/17/2021	Contact - Telephone call received Call received from Mr. Ayers, interview conducted.
06/22/2021	Exit Conference

The complainant identified some concerns that were not related to licensing rules and statutes for a home for the aged or identified concerns that were recently and investigated and substantiated in special investigation report (SIR) 2021A1011023. Therefore, only specific items pertaining to homes for the aged provisions of care were considered for investigation and the recently substantiated allegations were not reinvestigated. The following items were those that could be considered under the scope of licensing.

#### **ALLEGATION:**

**Infection control procedures aren't followed.**

#### **INVESTIGATION:**

On 6/2/21, the department received a complaint alleging that the facility is not following COVID-19 testing protocol or following proper infection control protocol regarding Resident Y, who has a diagnosis of Clostridium Difficile (c. diff). The complaint read that Resident Y was allowed to come in contact with other residents and alleges that the facility was not properly disposing of Resident Y's soiled diapers, resulting in three other residents subsequently contracting c. diff. Due to the anonymous nature of the complaint, I was unable to obtain any additional information.

On 6/15/21, I conducted an onsite inspection. I interviewed administrator Jeff Madak at the facility. Mr. Madak reported that the last COVID positive case at the facility occurred on 4/1/21, and it was an asymptomatic staff member. Mr. Madak stated that the facility follows all health department guidance regarding testing and screening of residents, staff and visitors.

On 6/15/21, I interviewed health and wellness director Laura Kujawski at the facility. Ms. Kujawski stated that staff and visitors are screened daily for symptoms of COVID-19, temperatures are taken for visitors and staff also test their pulse ox levels. Ms. Kujawski stated that their current protocol dictates that no COVID testing is complete unless there is a positive case, or someone is presenting with symptoms of COVID-19. Ms. Kujawski stated that when a staff member tests positive, they are immediately removed from the schedule for fourteen days and cannot return to work until the fourteen days has passed and the employee must be without a fever or any symptoms for at least 72 hours. Ms. Kujawski stated that when a resident tests positive for COVID, they are placed into a fourteen day quarantine, all residents in the facility are screened for symptoms daily, have daily temperature checks and weekly rapid testing occurs until fourteen days after the last positive case or COVID-like symptom is present. Ms. Kujawski stated that the last positive case at the facility occurred on 4/1/21 and confirmed that the above-mentioned protocol was followed.

Mr. Madak and Ms. Kujawski stated that they learned of Resident Y's c.diff diagnosis upon her return from the hospital on 5/21/21. Mr. Madak and Ms. Kujawski stated that Resident Y was initially isolated and contact precautions were implemented. Staff were required to wear gloves, gowns and masks when providing direct care to her, meals were being brought to her room and disposable dishes and utensils were used to prevent any cross contamination. Mr. Madak stated that Resident Y was eventually discharged to a skilled nursing facility due to her increased care needs. Her discharge date was 6/11/21 and tested negative for c. diff prior to her move out.

Mr. Madak and Ms. Kujawski stated that Resident Y was experiencing several bouts of loose stools daily. Mr. Madak stated that staff were required to bag her soiled incontinent products and immediately take them to a designated trash holding area outside of the facility where they were marked as biohazard. Mr. Madak stated that he hired AdvoWaste (a medical waste disposal company) that came specifically to properly dispose of Resident Y's soiled items. Mr. Madak stated AdvoWaste came twice over the 1.5 week timeframe that Resident Y had c.diff. Ms. Kujawski stated that she closely monitored Resident Y's symptoms and felt that she could be let out of isolation once her stool was contained, the number of her bowel movements began to decrease, she did not have active diarrhea and she had been on antibiotics for a few days. Mr. Madak and Ms. Kujawski stated that Resident Y was the only resident with c. diff and deny anyone else contracted it.

On 6/17/21, I conducted a phone interview with Wayne County Health Department epidemiologist Lukas Ayers. Mr. Ayers stated that c.diff can only be contracted through coming into direct contact with the infected persons feces. Mr. Ayers stated that standard precautions should be taken (such as wearing gowns and gloves when coming into contact with the infected person's bodily fluids) but that the infected person does not necessarily need to be quarantined or isolated from others. During the phone call, I described to Mr. Ayers the protocol that Mr. Madak and Ms. Kujawski reported to me during my onsite inspection and Mr. Ayers felt that their actions were appropriate for the diagnosis.

<b>APPLICABLE RULE</b>	
<b>R 325.1921</b>	<b>Governing bodies, administrators, and supervisors.</b>
	<p><b>(1) The owner, operator, and governing body of a home shall do all of the following:</b></p> <p><b>(b) Assure that the home maintains an organized program to provide room and board, protection, supervision, assistance, and supervised personal care for its residents.</b></p>
<b>For Reference: R 325.1901</b>	<b>Definitions.</b>

	<b>(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.</b>
<b>ANALYSIS:</b>	Interviews with facility staff reveal formalized infection control procedures that are consistent with current health department and CDC guidelines for COVID-19 testing and screening. Additionally, an interview conducted with the local health department’s epidemiologist confirmed that the facility followed proper protocol in response to Resident Y’s c.diff diagnosis. Based on this information, the allegation is not substantiated.
<b>CONCLUSION:</b>	<b>VIOLATION NOT ESTABLISHED</b>

**ALLEGATION:**

**Falls are not reported.**

**INVESTIGATION:**

The complaint read that falls are occurring at the facility but are “not reported if family are not visiting them”. No dates of incidents or names of residents were provided who experienced an unreported fall.

Incident reports were reviewed for six week timeframe during May and June 2021. My review consisted of both internal incident reporting and those that were formally submitted to the department. I observed that those instances meeting criteria for reporting were properly submitted to LARA.

<b>APPLICABLE RULE</b>	
<b>R 325.1924</b>	<b>Reporting of incidents, accidents, elopement.</b>
	<b>(3) The home shall report an incident/accident to the department within 48 hours of the occurrence. The incident or accident shall be immediately reported verbally or in writing to the resident’s authorized representative, if any, and the resident’s physician.</b>

<b>ANALYSIS:</b>	Review of facility incident reports reveal that the facility met incident reporting expectations regarding falls for the timeframe reviewed. I was unable to correlate the frequency of reporting to the resident's visitor status as the complaint referenced. Based on this information, the allegation is not substantiated.
<b>CONCLUSION:</b>	<b>VIOLATION NOT ESTABLISHED</b>

**ALLEGATION:**

**Staff are not trained.**

**INVESTIGATION:**

The complaint read that staff are not properly trained to provide “transfer and changes” and alleged that staff are passing medications without receiving training. The complaint did not provide names of staff who are not properly training or passing medication without training.

Ms. Kujawski identified herself as overseeing the facility’s training process for care and med passing staff. Ms. Kujawski stated that care staff training consists of a three day job shadow and skills demonstration prior to being allowed to work independently. Ms. Kujawski stated that training to become a med passer consists of an in person class, three day job shadow on the med cart and must pass a med passing examination with a score of 80% or better. Ms. Kujawski stated that additionally, med passers receive refresher training and education minimally every quarter. Ms. Kujawski stated that all med passing staff have taken and completed the required components and there are no staff who pass medications without being trained. I randomly selected five care and/or med passing staff files to review. I observed all training documents and med passing exams to be complete and consistent with Ms. Kujawski’s expectations.

<b>APPLICABLE RULE</b>	
<b>R 325.1931</b>	<b>Employees; general provisions.</b>
	<p><b>(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:</b></p> <ul style="list-style-type: none"> <li><b>(a) Reporting requirements and documentation.</b></li> <li><b>(b) First aid and/or medication, if any.</b></li> <li><b>(c) Personal care.</b></li> </ul>

	<p><b>(d) Resident rights and responsibilities.</b></p> <p><b>(e) Safety and fire prevention.</b></p> <p><b>(f) Containment of infectious disease and standard precautions.</b></p> <p><b>(g) Medication administration, if applicable.</b></p>
<b>ANALYSIS:</b>	Interviews with staff combined with review of employee training records reveal an organized training program at the facility. The files reviewed were complete and demonstrated necessary training consistent with Ms. Kujawski's attestation. Based on this information, the allegation is not substantiated.
<b>CONCLUSION:</b>	<b>VIOLATION NOT ESTABLISHED</b>

**ADDITIONAL FINDINGS:**

**INVESTIGATION:**

Mr. Madak reported that the last COVID-19 positive case at the facility occurred on 4/1/21, which he reported was an asymptomatic staff member. Mr. Madak stated that since he began working at the facility in October 2020, there have been nineteen residents and ten staff who tested positive for COVID-19, none of which were reported to LARA. Mr. Madak stated that he was unaware that COVID-19 positive cases should be reported to LARA but did provide notification to the health department.

<b>APPLICABLE RULE</b>	
<b>R 325.1924</b>	<b>Reporting of incidents, accidents, elopement.</b>
	<b>(3) The home shall report an incident/accident to the department within 48 hours of the occurrence. The incident or accident shall be immediately reported verbally or in writing to the resident's authorized representative, if any, and the resident's physician.</b>
<b>ANALYSIS:</b>	The facility failed to report any COVID-19 positive cases to the department. Based on this information, the facility did not comply with this rule.
<b>CONCLUSION:</b>	<b>VIOLATION ESTABLISHED</b>



**INVESTIGATION:**

Resident Y was diagnosed with c. diff and was prescribed the antibiotic medication Vancomycin. On 5/21/21, Resident Y was ordered to take “1 Capsule by mouth every six hours every day at 6:30AM,11:00AM, 5:00PM, 11:00PM” for ten days. Ms. Kujawski reported that staff began administering the medication to Resident Y on 5/23/21, as it took pharmacy some time to fill and deliver the medication to the facility. Upon review of Resident Y’s medication administration record (MAR), it was discovered that Resident Y did not finish the course of antibiotics as instructed and received a total of 33 doses instead of the full 40. On 5/24/21, staff documented that three doses of Vancomycin were administered instead of four. Mr. Madak explained that Resident Y was sleeping for her 6:30am dose on 5/24/21, however staff did not document any reason on the MAR as to the missed dose. On 5/31/21, staff documented that two doses of Vancomycin were administered instead of four. The MAR was completely blank for the 5:00pm and 11:00pm doses on 5/31/21 and no rationale was given by staff to explain the missed doses. The last dose of Vancomycin that staff documented were administered to Resident Y occurred on 5/31/21 at 11:00am. Mr. Madak stated that the antibiotic course was not completed because “The start date and end date for the medication was not changed to reflect the delivery date of the medication during order verification.”

<b>APPLICABLE RULE</b>	
<b>R 325.1932</b>	<b>Resident medications.</b>
	<b>(1) Medication shall be given, taken, or applied pursuant to labeling instructions or orders by the prescribing licensed health care professional.</b>
<b>ANALYSIS:</b>	Staff did not administer Resident Y’s Vancomycin as ordered and failed to document missed doses. Based on this information, the facility did not comply with this rule.
<b>CONCLUSION:</b>	<b>VIOLATION ESTABLISHED</b>

On 6/22/21, I shared the findings of this report with authorized representative Michele Locricchio. Ms. Locricchio verbalized understanding of the citations and did not have any additional questions.

**IV. RECOMMENDATION**

I recommend Corrective Notice Order dated 5/24/21 remain in effect. In addition, I recommend the contracted independent consultant assist the administrator and authorized representative in the development of an acceptable corrective action

plan. Contingent upon receipt of an acceptable corrective action plan, I recommend the status of the license remain unchanged.



6/22/21

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Elizabeth Gregory-Weil  
Licensing Staff

Date

Approved By:



6/22/21

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Russell B. Misiak  
Area Manager

Date