



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

ORLENE HAWKS
DIRECTOR

July 21, 2021

Nathan Boyle
Addington Place of Clarkston
5700 Water Tower Pl
Clarkston, MI 48346

RE: License #: AH630365890
Addington Place of Clarkston
5700 Water Tower Pl
Clarkston, MI 48346

Dear Mr. Boyle:

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 or 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 (810) 787-7031.

Sincerely,

Aaron L. Clum
Aaron Clum, Licensing Staff
Bureau of Community and Health Systems
4809 Clio Road
Flint, MI 48504
(517) 230-2778

enclosure

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

I. IDENTIFYING INFORMATION

License #:	AH630365890
Licensee Name:	ARHC ARCLRMI01 TRS, LLC
Licensee Address:	106 York Road Jenkintown, PA 19046
Licensee Telephone #:	(215) 887-2582
Administrator/Authorized Representative:	Nathan Boyle
Name of Facility:	Addington Place of Clarkston
Facility Address:	5700 Water Tower Pl Clarkston, MI 48346
Facility Telephone #:	(248) 625-0500
Original Issuance Date:	01/20/2015
Capacity:	72
Program Type:	AGED

II. METHODS OF INSPECTION

Date of On-site Inspection(s): 7/20/21

Date of Bureau of Fire Services Inspection if applicable: 7/7/21

Inspection Type: Interview and Observation Worksheet
 Combination

Date of Exit Conference: 7/21/21

No. of staff interviewed and/or observed 10

No. of residents interviewed and/or observed 40

No. of others interviewed N/A 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. Facility does not maintain resident funds
- Meal preparation / service observed? Yes No If no, explain.
- Fire drills reviewed? Yes No If no, explain.
Administration was unable to provide documentation of completed fire drills
- 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 325.1917	Compliance with other laws, codes, and ordinances.
	(2) A home shall comply with the department's health care facility fire safety rules being R 29.1801 to R 29.1861 of the Michigan Administrative Code.
Upon request, facility administration was unable to provide documentation of completed quarterly fire drills.	
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.
Review of service plans for Residents A, B and C revealed they had not been updated in over a year, on 5/28/20, 6/26/20 and 5/29/19 respectively, and did provide information detailing the specific care and maintenance of each resident.	
VIOLATION ESTABLISHED	
R 325.1922	Admission and retention of residents.
	(7) An individual admitted to residence in the home shall have evidence of initial tuberculosis screening on record in the home that was performed within 12 months before admission. Initial screening may consist of an intradermal

	<p>skin test, a blood test, a chest x-ray, or other methods recommended by the public health authority. 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. A 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 have to conduct annual TB testing for residents.</p>
<p>Upon request, facility administration was unable to provide an annual risk assessment as described in the 2005 MMWR “Guidelines for Preventing the Transmission of Mycobacterium tuberculosis in Health-Care Settings, 2005”.</p>	
<p>VIOLATION ESTABLISHED</p>	
<p>R 325.1923</p>	<p>Employee's health.</p>
	<p>(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.</p>

<p>Upon request, facility administration was unable to provide an annual risk assessment as described in the 2005 MMWR "Guidelines for Preventing the Transmission of Mycobacterium tuberculosis in Health-Care Settings, 2005".</p>	
<p>VIOLATION ESTABLISHED</p>	
<p>R 325.1932</p>	<p>Resident medications.</p>
	<p>(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.</p>
<p>During the inspection, I observed a medication cart on the first floor to be unattended. Upon further inspection, the cart was found to be unlocked leaving resident medications unsecured.</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.</p>
<p>The inspection revealed the facility did not have a weekly menu posted. When interviewed, kitchen associate Montgomery Leigh Rotter reported that the facility does not usually post a weekly menu, but instead shows the menu to residents at each table as they are seated for lunch.</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>During the inspection, kitchen manager Gail Fox provided meal census records which did not include the kind and amount of food served. Ms. Fox reported she was not aware this information needed to be maintained.</p>	
<p>VIOLATION ESTABLISHED</p>	
<p>R 325.1968</p>	<p>Toilet and bathing facilities.</p>
	<p>(4) A resident toilet room or bathroom shall not be used for storage or housekeeping functions.</p>

During the inspection, I observed several items being stored in Resident A's bathroom including boxes on top and in front of his toilet, boxes and a bucket of clothing in a corner behind the door and a wheelchair and empty plastic containers in his shower with little floor space left to maneuver within the bathroom.	
VIOLATION ESTABLISHED	
R 325.1970	Water supply systems.
	(7) The temperature of hot water at plumbing fixtures used by residents shall be regulated to provide tempered water at a range of 105 to 120 degrees Fahrenheit.
The water temperature from Resident A's bathroom faucet was checked after having been allowed to run for several minutes on the hottest setting and reached a high of 89.1 degrees Fahrenheit.	
VIOLATION ESTABLISHED	
R 325.1976	Kitchen and dietary.
	(8) A reliable thermometer shall be provided for each refrigerator and freezer.
Upon inspection, the freezer compartment of the refrigerator located in Resident A's bedroom did not have a thermometer.	
VIOLATION ESTABLISHED	
R 325.1979	General maintenance and storage.
	(3) Hazardous and toxic materials shall be stored in a safe manner.
Several toxic cleaning liquids were observed to be on the counters and shelves of the laundry rooms as well as several resident bathrooms of the facility which were not secured and easily accessible to residents.	
VIOLATION ESTABLISHED	

IV. RECOMMENDATION

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

Aaron L. Clum

7/21/21

Date

Licensing Consultant