



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

ORLENE HAWKS  
DIRECTOR

August 12, 2021

Nathan Boyle  
Addington Place  
42010 W Seven Mile Road  
Northville, MI 48167

RE: License #: AH820378951

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. 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 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 (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  
RENEWAL INSPECTION REPORT**

**I. IDENTIFYING INFORMATION**

<b>License #:</b>	AH820378951
<b>Licensee Name:</b>	ARHC APNVLMI01 TRS, LLC
<b>Licensee Address:</b>	c/o Healthcare Trust, Inc 650 Fifth Ave New York, NY 10019
<b>Licensee Telephone #:</b>	(212) 415-6551
<b>Authorized Representative:</b>	Nathan Boyle
<b>Administrator:</b>	Dana Daunter
<b>Name of Facility:</b>	Addington Place
<b>Facility Address:</b>	42010 W Seven Mile Road Northville, MI 48167
<b>Facility Telephone #:</b>	(248) 305-9600
<b>Original Issuance Date:</b>	02/10/2016
<b>Capacity:</b>	80
<b>Program Type:</b>	AGED ALZHEIMERS

## II. METHODS OF INSPECTION

Date of On-site Inspection(s): 08/11/2021

Date of Bureau of Fire Services Inspection if applicable: 07/31/2020

Inspection Type:  Interview and Observation  Worksheet  
 Combination

Date of Exit Conference: 08/12/2021

No. of staff interviewed and/or observed 13

No. of residents interviewed and/or observed 23

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. 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 review fire drills, however facility disaster planning procedures were reviewed.
- Water temperatures checked? Yes  No  If no, explain.
- Incident report follow-up? Yes  IR date/s: 7/25/21 N/A
- Corrective action plan compliance verified? Yes  CAP date/s and rule/s: SIR2021A1027008, R 325.1922 (5)
- Number of excluded employees followed up? 5 N/A

### III. DESCRIPTION OF FINDINGS & CONCLUSIONS

This facility was found to be in non-compliance with the following rules and public health code statute:	
<b>MCL 333.21333</b>	<b>Smoking policy. [M.S.A. 14.15(21333)]</b>
	<b>(2)(i) A sign indicating that smoking is prohibited in the facility except in designated areas shall be posted at each entrance to the facility. Each designated smoking area shall be posted as such by sign.</b>
The facility did not have signage indicating smoking was prohibited within the facility.	
<b>R 325.1921</b>	<b>Governing bodies, administrators, and supervisors.</b>
	<b>(1) The owner, operator, and governing body of a home shall do all of the following: (c) Assure the availability of emergency medical care required by a resident.</b>
On the morning of 7/25/21, Resident A was observed after an apparent fall with bloody sheets and bedding and was exhibiting a change in condition as evidenced by confusion and an unsteady gait. Facility staff contacted Resident A's wife who advised that she wanted to personally assess the resident. Resident A's wife did not arrive at the facility until seven hours later and emergency medical services were contacted approximately eight hours after his discovery. It was later revealed that Resident A had suffered a myocardial infarction and later passed away at the hospital.	
<b>R 325.1922</b>	<b>Admission and retention of residents.</b>
	<b>(2) The admission policy shall specify all of the following: (d) That the home has developed and implemented a communicable disease policy governing the assessment and baseline screening of residents.</b>

The facility did not provide a communicable disease policy addressing the assessment and screening of residents.	
<b>R 325.1922</b>	<b>Admission and retention of residents.</b>
	<b>(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.</b>
Resident B's service plan was not updated annually, with the last update occurring on 7/2/20.	
<b>R 325.1922</b>	<b>Admission and retention of residents.</b>
	<b>(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 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" (<a href="http://www.cdc.gov/mmwr/pdf/rr/rr5417.pdf">http://www.cdc.gov/mmwr/pdf/rr/rr5417.pdf</a>), 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.</b>
Review of the facility's tuberculosis policy revealed that their protocol required residents to get TB tested annually, which is not consistent with this rule.	
<b>R 325.1923</b>	<b>Employee's health.</b>
	<b>(1) A person on duty in the home shall be in good health. The home shall develop and implement a communicable disease policy governing the assessment and baseline screening of employees.</b>

<p>The facility did not provide a communicable disease policy addressing the assessment and screening of residents.</p>	
<p><b>R 325.1923</b></p>	<p><b>Employee's health.</b></p>
	<p><b>(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 (<a href="http://www.cdc.gov/mmwr/pdf/rr/rr5417.pdf">http://www.cdc.gov/mmwr/pdf/rr/rr5417.pdf</a>), 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.</b></p>
<p>The employee file for Lakita Fox (date of hire 6/18/21) did not contain a tuberculosis screen. Director of nursing Barb Exel confirmed that Ms. Fox had not yet received a TB screen and admitted that she was allowed to work in direct contact with residents without verifying a negative result.</p>	
<p><b>R 325.1932</b></p>	<p><b>Resident medications.</b></p>
	<p><b>(1) Medication shall be given, taken, or applied pursuant to labeling instructions or orders by the prescribing licensed health care professional.</b></p>
<p>Review of medication administration records (MAR) reveals that Residents C and D did not receive all medications as prescribed. On 7/5/21, Resident C missed a dose of Calmoseptine and on 7/10/21, Resident D missed a dose of the same medication. For both occurrences, facility staff did not document a reason for the missed dose and the MAR was left blank, therefore it cannot be confirmed why the medication administrations were not completed as scheduled.</p>	

<b>R 325.1954</b>	<b>Meal and food records.</b>
	<b>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.</b>
The dining services director Nancy Mora was unable to provide a meal census as this rule requires. Ms. Mora reports that she was never informed of the regulation.	
<b>R 325.1976</b>	<b>Kitchen and dietary.</b>
	<b>(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.</b>
Perishable food items were observed in the walk in refrigerator and freezer that lacked proper labeling, dating or sealing. The items observed included various breads, frozen vegetables, meat products, premade desserts and produce.	

#### IV. RECOMMENDATION

Contingent upon receipt of an acceptable corrective action plan, receipt of Bureau of Fire Services approval and closure of special investigation report (SIR) 2021A1027047, renewal of the license is recommended.



8/12/21

Elizabeth Gregory-Weil  
Licensing Consultant

Date