



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

ORLENE HAWKS
DIRECTOR

August 27, 2021

Tasheona Beard
Townehall Place of West Bloomfield
4460 Orchard Lake Road
West Bloomfield, MI 48323

RE: License #: AH630378427
Investigation #: 2021A0784045
Townehall Place of West Bloomfield

Dear Ms. Beard:

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. 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 responsible party and a date.

If you desire technical assistance in addressing these issues, please feel free to contact me. In any event, the corrective action plan is due within 15 days. Failure to submit an acceptable corrective action plan will result in disciplinary action. 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 (810) 787-7031.

Sincerely,

A handwritten signature in cursive script that reads "Aaron 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
SPECIAL INVESTIGATION REPORT**

I. IDENTIFYING INFORMATION

License #:	AH630378427
Investigation #:	2021A0784045
Complaint Receipt Date:	08/16/2021
Investigation Initiation Date:	08/16/2021
Report Due Date:	10/15/2021
Licensee Name:	Orchard Lake Senior Care, LLC
Licensee Address:	Suite 1600 1000 Legion Place Orlando, FL 32801
Licensee Telephone #:	(407) 999-2400
Administrator/Authorized Representative:	Tasheona Beard
Name of Facility:	Townehall Place of West Bloomfield
Facility Address:	4460 Orchard Lake Road West Bloomfield, MI 48323
Facility Telephone #:	(248) 683-1010
Original Issuance Date:	11/16/2015
License Status:	REGULAR
Effective Date:	05/16/2021
Expiration Date:	05/15/2022
Capacity:	75
Program Type:	AGED

II. ALLEGATION(S)

	Violation Established?
Improper supervision	No
Lack of proper screenings and background check	Yes
The facility does not have enough food for the residents	No
The facility is serving outdated food to residents	No
Additional Findings	Yes

III. METHODOLOGY

08/16/2021	Special Investigation Intake 2021A0784045
08/16/2021	APS Referral
08/16/2021	Special Investigation Initiated - Letter Referral to APS
08/17/2021	Inspection Completed On-site
08/19/2021	Contact - Telephone call made Interview with administrator Tasheona Beard
08/19/2021	Contact - Document Sent Document request made by email to Ms. Beard and Regional Director Linda Houlihan
08/19/2021	Contact - Document Received Requested documents received from Ms. Beard by email
08/19/2021	Exit Conference – Telephone Conducted with authorized representative Tasheona Beard

ALLEGATION:

Improper supervision

INVESTIGATION:

On 8/17/21, the department received this online complaint. Due to the anonymous nature of the complaint, additional information could not be obtained.

According to the complaint, staff have been discovered working with Residents after having smoked marijuana in the parking lot during their shift. Administration was notified and did not take action.

On 8/17/21, I interviewed regional director Linda Houlihan at the facility. Ms. Houlihan stated that on 8/12/21, she did discover that two staff members, Kenya Graham and Alexis Swanson, had been smoking marijuana during their shift. Ms. Houlihan stated she had been trying to reach both associates by calling them on the facility walkie talkies. Ms. Houlihan stated it was in the afternoon and not a normal time for a break and that neither staff responded. Ms. Houlihan stated at one point she was waiting for the third floor elevator to take her down to the first floor when the door opened and off walked Ms. Graham and Ms. Swanson. Ms. Houlihan stated she could smell marijuana on them. Ms. Houlihan stated that she took both associates aside and questioned them and that they both ultimately admitted to having smoked marijuana. Ms. Houlihan stated this is against company policy and that both associates immediately received a “final written notice” and were sent home for the day.

I two separate documents titled EMLOYEE COUNSELING FORM, provided by Ms. Houlihan. Ms. Houlihan stated the forms are used when disciplinary action is taken against staff. The forms indicated Ms. Graham and Ms. Swanson by name as the recipients and were signed by each associate accordingly. The information provided on the forms read consistently with statements provided by Ms. Houlihan.

APPLICABLE RULE	
R 325.1921	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.

ANALYSIS:	The complaint alleged staff were discovered working with residents after using substances not permitted by the organization per their drug policy and that facility administration did nothing to address the issue. Interviews and review of documentation do not support the allegation. Based on the findings the allegation is not substantiated.
CONCLUSION:	VIOLATION NOT ESTABLISHED

ALLEGATION:

Lack of proper screenings and background check

INVESTIGATION:

According to the complaint, regional director Linda Houlihan has been working and living at the facility without the proper background check or tb screening.

When interviewed Ms. Houlihan stated she normally works out of Chicago and has been coming to the facility for several weeks to help with daily operations. Ms. Houlihan stated that she does sometimes stay at the facility in room 101 which she stated is not currently occupied by any residents. During the onsite, I inspected room 101 and found it to have a separate and distinct bathing and toileting area as well as a refrigerator. Ms. Houlihan stated she has been screened by her corporate office for tb and has had a criminal background check. Ms. Houlihan indicated her background check was completed in Chicago. Ms. Houlihan was unable to provide evidence of a tb screening or a Michigan background check.

On 8/19/21, I interviewed administrator Tasheona Beard by telephone. Ms. Beard confirmed Ms. Houlihan does not have a Michigan background check.

On 8/19/21, the department received an additional complaint. According to the complaint Resident E recently moved into the facility without having had the proper tb screening.

When interviewed, Ms. Beard stated Resident E moved into the facility on 8/18/21. Ms. Beard stated Resident E did have a tb screening and tested negative prior to moving into the facility.

I reviewed Resident E's tb screening from *Henry Ford Health System*, provided by Ms. Beard, dated 8/17/21, which indicated Resident E was negative for tb.

APPLICABLE RULE	
R 325.1944	Employee records and work schedules.
	(1) A home shall maintain a record for each employee which shall include all of the following: (g) Results of annual tuberculosis screening as required by R 325.1923(2). (i) Criminal background information, consistent with MCL 333.20173.
ANALYSIS:	The complaint alleged regional director Linda Houlihan has been working and living at the facility without the proper background check or tb screening. The investigation confirmed Ms. Houlihan was working at the facility without these proper screenings. An additional allegation was received by the department alleging Resident E was allowed to move into the facility without being screened for tb. The investigation revealed Resident E was screened for tb and tested negative prior to moving in on 8/18/21. Based on the findings, the facility is not in compliance with this rule.
CONCLUSION:	VIOLATION ESTABLISHED

ALLEGATION:

The facility does not have enough food for the residents

INVESTIGATION:

According to the complaint, the facility does not make snacks available to residents between mealtimes and does not have enough food to serve seconds to residents during regular meals.

When interviewed, Ms. Houlihan stated the facility does offer snacks to residents between meals and has had no complaints from residents that they are not getting enough food during mealtimes. Ms. Beard was present during the interview and agreed with statements provided by Ms. Houlihan. Ms. Beard stated many residents who want extra snacks will keep their own stock in their rooms, but that snacks are still available if wanted. Ms. Houlihan stated the resident census is approximately 36 at this time.

On 8/17/21, I interviewed cook Dawn Brown at the facility. Ms. Brown provided statements consistent with those of Ms. Houlihan and Ms. Beard. Ms. Brown stated the facility regularly keeps food items such as fruit and yogurt for snacks and will

make specific items for residents upon request and make sure those items are available to the residents who requested even after kitchen staff have gone home for the day. Ms. Brown stated the facility prepares plenty of food for each meal.

During the inspection, I observed both the dry storage, freezer and refrigerators of the main kitchen located on the first floor. Each food storage area had what appeared to be significant stocks of food.

On 8/17/21, I interviewed Resident A at the facility. Resident A reported that he enjoys the food he is provided at the facility and is provided plenty to eat at each meal. Resident A stated he is also offered snacks regularly. Resident A stated he is hypoglycemic and because of this, the kitchen staff will make him sandwiches and put them in his refrigerator so he has a snacks in the evening time if he needs one.

On 8/17/21, I interviewed Residents B, C and D at the facility who provided statements consistent with those of Resident A as it pertains to enjoying the food, having plenty to eat and being provided snacks if wanted. Resident D stated she has never requested a snack because “they feed me so much food during regular meals I could not possibly fit more in my belly”.

I reviewed the resident census, provided by Ms. Houlihan, which indicated the facility currently has 37 residents.

I reviewed the daily food logs between 7/28/21 and 8/15/21, provided by Ms. Houlihan which indicated the amount and kind of food served for breakfast, lunch and dinner each day. Information on the logs indicates adequate amounts of food was served each day for the amount of residents living in the facility.

APPLICABLE RULE	
R 325.1952	Meals and special diets.
	(1) A home shall offer 3 meals daily to be served to a resident at regular mealtimes. A home shall make snacks and beverages available to residents.
ANALYSIS:	The facility does not have enough food for the residents. Interviews with staff and residents as well as observations of the facility food supply and review of the facilities food tracking documentation do not support the allegation. Based on the findings the allegation is not substantiated.
CONCLUSION:	VIOLATION NOT ESTABLISHED

ALLEGATION:

The facility is serving outdated food to residents

INVESTIGATION:

According to the complaint, the kitchen is serving outdated food

During the inspection of the dry storage, freezer and refrigerators of the main kitchen I observed multiple food items, all of which were appropriately dated and stored. I did not observe one food item in any storage area to be out of date according to the labels on the packages which included items such as cereal, pasta, various meats and several dairy products.

When interviewed Ms. Brown stated the facility receives multiple orders of food items each week from Sysco food company in order to maintain fresh and in date food items.

I reviewed Sysco invoices for July and August 2021, provided by Ms. Brown, which were consistent with her statements regarding regular food orders. The invoices revealed multiple food items are delivered weekly to the facility including dry food items such as cereal and condiments as well as fresh food such as fruit and vegetables.

APPLICABLE RULE	
R 325.1952	Meals and special diets.
	(5) A home shall prepare and serve meals in an appetizing manner.
ANALYSIS:	The complaint alleged the facility was serving outdated food. Interviews with staff, observations of the facilities food supply and review of invoices related to food orders do not support the allegation. Based on the findings the allegations is not substantiated.
CONCLUSION:	VIOLATION NOT ESTABLISHED

ADDITIONAL FINDINGS:

INVESTIGATION:

During the onsite inspection, several areas on the first floor of the facility separated by a partition with a zipper in the center to allow entrance to those areas. Ms. Houlihan stated these areas had flooded during a recent storm and were being remodeled by a company called *First Onsite*. I observed rooms 106, 107 and 108 as well as a common area, beauty salon, therapy department, activity room, sales office and business manager office to be blocked off by partitions. Each area had outside workers present inside working with no residents present. Ms. Houlihan stated none of the resident rooms were occupied at the time and that residents are not allowed to have access to any of these areas until they are fully completed. Ms. Houlihan stated that the flooding events were reported to the department to the appointed staff Elizabeth Gregory- Weil. Ms. Houlihan stated the facilities reporting was done only after Ms. Gregory-Weil inadvertently found out about it and reached out to the facility.

On 8/17/21, I interviewed licensing staff Elizabeth Gregory-Weil by telephone. Ms. Gregory-Weil confirmed the facilities reporting method regarding the flooding. Ms. Gregory-Weil stated the reporting was several days beyond the 48 hour timeframe provided for timely reporting.

Review of the facility licensing file revealed a report was submitted by the facility noting a date of incident as 7/24/21. A signature date on the report, signed and dated by Ms. Beard, indicates a report submission date of 8/9/21.

APPLICABLE RULE	
R 325.1924	Reporting of incidents, accidents, elopement.
	(1) The home shall complete a report of all reportable incidents, accidents, and elopements. (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.
For Reference: R 325.1901	Definitions
	(17) "Reportable incident/accident" means an intentional or unintentional event in which a resident suffers harm or is at risk of more than minimal harm, such as, but not limited to, abuse, neglect, exploitation, or unnatural death.

ANALYSIS:	The investigation revealed that the facility had a flood affecting several areas of the building on 7/24/21 which was not reported to the department until several days after the events of the flood. Based on the findings the facility is not in compliance with this rule.
CONCLUSION:	VIOLATION ESTABLISHED

On 8/19/21, I discussed the findings of the investigation with authorized representative Tasheona Beard.

IV. RECOMMENDATION

Upon receipt of an acceptable corrective action plan, it is recommended that the status of the license remain unchanged.

Aaron L Clum

8/24/21

 Aaron Clum
 Licensing Staff

 Date

Approved By:

Russell Misiak

8/27/21

 Russell B. Misiak
 Area Manager

 Date