



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

ORLENE HAWKS
DIRECTOR

September 2, 2021

Chuck Sekrenes
Bella Vita of Grand Blanc
1481 E. Hill Road
Grand Blanc, MI 48439

RE: License #: AH250385140
Bella Vita of Grand Blanc
1481 E. Hill Road
Grand Blanc, MI 48439

Dear Mr. Sekrenes:

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,

A handwritten signature in cursive script that reads "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 #:	AH250385140
Licensee Name:	Bella Vita of Grand Blanc LLC
Licensee Address:	Suite K 10751 S. Saginaw Street Grand Blanc, MI 48439
Licensee Telephone #:	(810) 603-7029
Authorized Representative:	Chuck Sekrenes
Administrator:	Breona Woods
Name of Facility:	Bella Vita of Grand Blanc
Facility Address:	1481 E. Hill Road Grand Blanc, MI 48439
Facility Telephone #:	(810) 603-7029
Original Issuance Date:	01/26/2018
Capacity:	79
Program Type:	AGED ALZHEIMERS

II. METHODS OF INSPECTION

Date of On-site Inspection(s): 8/30/21

Date of Bureau of Fire Services Inspection if applicable: 11/12/20

Inspection Type: Interview and Observation Worksheet
 Combination

Date of Exit Conference: 8/30/21

No. of staff interviewed and/or observed 8
No. of residents interviewed and/or observed 25
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.
- 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:
2018A1019043/Rule 1921(1),1924(3),1932(1) - CAP Approved 8/7/18:
2020A0784025/Rule 1921(1),1922(5),1924 – Cap Approved 3/16/20:
2021A0784019/Rule 1924(3) – Cap Approved 3/12/21: 2021A1011026/Rule
1921(1)(b),1924(3),1931(2),1932(5),1932(2),1932(3) – Cap Approved on 6/8/21:
2021A1027018/Rule 1924(3),1931(2),1921(1),1922(1) – CAP Approved on
5/13/21
- 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 325.1922	Admission and retention of residents.
	<p>(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” (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>	
VIOLATION ESTABLISHED	
R 325.1923	Employee's health.
	<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</p>

	annually. Homes that are low risk do not need to conduct annual TB testing for employees.
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".	
VIOLATION ESTABLISHED	
R 325.1953	Menus.
	(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. (2) A home shall maintain a copy of all menus as actually served to residents for the preceding 3 months.
Upon inspection the facility did not have a posted menu for regular or therapeutic diets. Additionally, upon request, administrator Breona Woods was unable to provide menus for the 3 months preceding the date of the inspection.	
VIOLATION ESTABLISHED	
R 325.1954	Meal and food records.
	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.
Upon request, the facility was unable to provide records of the meal census. When interviewed Ms. Woods stated she could not be certain kitchen staff were maintaining this information.	
VIOLATION ESTABLISHED	
R 325.1976	Kitchen and dietary.
	(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.

Upon inspection, several food items were observed in the refrigerator, freezer and dry storage of the kitchen stored outside of the original packaging with no date indicating when it was originally opened. Additionally, a container or cooked backed was observed on a rack in the dry food storage area which was also not dated.	
VIOLATION ESTABLISHED	
R 325.1976	Kitchen and dietary.
	(8) A reliable thermometer shall be provided for each refrigerator and freezer.
Upon inspection, the refrigerator located in Resident A's bedroom did not have a thermometer.	
VIOLATION ESTABLISHED	

IV. RECOMMENDATION

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

Aaron L. Clum

8/31/21

Date

Licensing Consultant