



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

ORLENE HAWKS
DIRECTOR

October 24, 2019

Shannon Aldrich
Ashley Court Of Brighton Inc.
7400 Challis Road
Brighton, MI 48116

RE: License #: AL470092982
Ashley Court -Bldg # 4
7400 Challis Road
Brighton, MI 48116

Dear Ms. Aldrich:

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.

Upon receipt of an acceptable corrective plan, a regular license will be issued. If you fail to submit an acceptable corrective action plan, disciplinary action will result.

Please contact me with any questions. In the event that I am not available, and you need to speak to someone immediately, you may contact the local office at (517) 284-9720.

Sincerely,

A handwritten signature in cursive script that reads "Julie Elkins".

Julie Elkins, Licensing Consultant
Bureau of Community and Health Systems
611 W. Ottawa Street
P.O. Box 30664
Lansing, MI 48909

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

I. IDENTIFYING INFORMATION

License #: AL470092982

Licensee Name: Ashley Court Of Brighton Inc.

Licensee Address: 7400 Challis Road
Brighton, MI 48116

Licensee Telephone #: (415) 312-7341

Licensee Designee: Shannon Aldrich

Administrator: Shannon Aldrich

Name of Facility: Ashley Court -Bldg # 4

Facility Address: 7400 Challis Road
Brighton, MI 48116

Facility Telephone #: (810) 225-7400

Original Issuance Date: 08/30/2000

Capacity: 20

Program Type: PHYSICALLY HANDICAPPED
ALZHEIMERS
AGED

II. METHODS OF INSPECTION

Date of On-site Inspection(s): 10/21/2019

Date of Bureau of Fire Services Inspection if applicable: 05/05/2019

Date of Health Authority Inspection if applicable: N/A

Inspection Type: Interview and Observation Worksheet
 Combination Full Fire Safety

No. of staff interviewed and/or observed 3

No. of residents interviewed and/or observed 10

No. of others interviewed 1 Role: Licensee designee/admin

- Medication pass / simulated pass observed? Yes No If no, explain.
- Medication(s) and medication record(s) reviewed? Yes No If no, explain.
- Resident funds and associated documents reviewed for at least one resident? Yes No If no, explain.
- Meal preparation / service observed? Yes No If no, explain. inspection was not during meal time.
- Fire drills reviewed? Yes No If no, explain.
- Fire safety equipment and practices observed? Yes No If no, explain.
- E-scores reviewed? (Special Certification Only) Yes No N/A If no, explain.
- Water temperatures checked? Yes No If no, explain.
- Incident report follow-up? Yes No If no, explain.
- Corrective action plan compliance verified? Yes CAP date/s and rule/s: CAP 03/16/2018 312 (1), 314 (1), CAP 01/31/2018 406, CAP 01/04/2019 301 (9), 318 (5), 205 (6), 312 (2) N/A
- Number of excluded employees followed-up? 6 N/A
- Variances? Yes (please explain) No N/A

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

This facility was found to be in non-compliance with the following rules:

R 400.15205 Health of a licensee, direct care staff, administrator, other employees, those volunteers under the direction of the licensee, and members of the household.

(3) A licensee shall maintain, in the home, and make available for department review, a statement that is signed by a licensed physician or his or her designee attesting to the physician's knowledge of the physical health of direct care staff, other employees, and members of the household. The statement shall be obtained within 30 days of an individual's employment, assumption of duties, or occupancy in the home.

Six employee records were reviewed, and they all contained statements that signed by a registered nurse attesting to the knowledge of the physical health of direct care staff, not a physician.

R 400.15316 Resident records.

(1)(a) Identifying information, including, at a minimum, all of the following:
(viii) Funeral provisions and preferences.

Resident A, Resident B, Resident C, Resident D, Resident E, Resident F and Resident G's records were reviewed, and they did not contain funeral provisions and preferences.

R 400.15316 Resident records.

(1)(i) Resident funds and valuables record and resident refund agreement.

Resident A, Resident B, Resident C, Resident D, Resident E, Resident F and Resident G's records were reviewed, and Funds II forms were not available for review at the time of the inspection because they are stored at the corporate office and not at the facility.

IV. RECOMMENDATION

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

Julie Ellis

10/24/2019

Date

Licensing Consultant