



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

ORLENE HAWKS  
DIRECTOR

August 7, 2020

Michael Arnold  
New Echelon Long-Term Care Solutions, LLC  
9825 Lyon Drive  
Brighton, MI 48114

RE: License #: AS470346127  
**Pine Oaks**  
**6027 Pine Oaks Trail**  
**Brighton, MI 48116**

Dear Mr. Arnold:


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) 284-9730.

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

611 W. OTTAWA • P.O. BOX 30664 • LANSING, MICHIGAN 48909  
[www.michigan.gov/lara](http://www.michigan.gov/lara) • 517-335-1980

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

**I. IDENTIFYING INFORMATION**

<b>License #:</b>	AS470346127
<b>Licensee Name:</b>	New Echelon Long-Term Care Solutions, LLC
<b>Licensee Address:</b>	9825 Lyon Drive Brighton, MI 48114
<b>Licensee Telephone #:</b>	(248) 761-5055
<b>Licensee Designee:</b>	Michael Arnold
<b>Administrator:</b>	Michael Arnold
<b>Name of Facility:</b>	Pine Oaks
<b>Facility Address:</b>	6027 Pine Oaks Trail Brighton, MI 48116
<b>Facility Telephone #:</b>	(810) 229-2733
<b>Original Issuance Date:</b>	11/22/2013
<b>Capacity:</b>	6
<b>Program Type:</b>	AGED

## II. METHODS OF INSPECTION

Date of On-site Inspections: 08/06/2020

Date of Bureau of Fire Services Inspection if applicable: N/A

Date of Health Authority Inspection if applicable: 02/18/2020

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 5

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 5/21/2018, 201 (10), 301 (5), 301 (6), 302 (3) and 410 (5) and CAP  
11/05/2018, 208 (1) (e), 306 (3), 318 (5) and 402 (3) N/A ☐
- Number of excluded employees followed-up? 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 400.14312      Resident medications.**

**(1) Prescription medication, including dietary supplements, or individual special medical procedures shall be given, taken, or applied only as prescribed by a licensed physician or dentist. Prescription medication shall be kept in the original pharmacy-supplied container, which shall be labeled for the specified resident in accordance with the requirements of Act No. 368 of the Public Acts of 1978, as amended, being {333.1101 et seq. of the Michigan Compiled Laws, kept with the equipment to administer it in a locked cabinet or drawer, and refrigerated if required.**

Resident A and Resident B had medications in their rooms that were not in a locked up.

**R 400.14312      Resident medications.**

**(3) Unless a resident's physician specifically states otherwise in writing, the giving, taking, or applying of prescription medications shall be supervised by the licensee, administrator, or direct care staff.**

Resident A and Resident B's record did not contain a written physician order allowing residents to self-administer medications.

**R 400.14401      Environmental health.**

**(2) Hot and cold running water that is under pressure shall be provided. A licensee shall maintain the hot water temperature for a resident's use at a range of 105 degrees Fahrenheit to 120 degrees Fahrenheit at the faucet.**

The water temperature in the home exceeded 120 degrees Fahrenheit.

**R 400.14403          Maintenance of premises.**

(11) Handrails and nonskid surfacing shall be installed in showers and bath areas.

The facility uses removal bath mats in the shower.

**R 400.14410          Bedroom furnishings.**

(2) A resident bedroom shall be equipped with a mirror that is appropriate for grooming.

Resident C's room was missing a mirror.

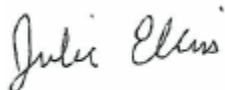
**R 400.14505          Smoke detection equipment; location; battery replacement; testing, examination, and maintenance; spacing of detectors mounted on ceilings and walls; installation requirements for new construction, conversions and changes of category.**

(4) Detectors shall be tested, examined, and maintained as recommended by the manufacturer.

The smoke detector in Resident B's room was not in working order. It had not been maintained as recommended by the manufacturer as it was hanging from the wall without a battery in it.

**IV. RECOMMENDATION**

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



08/07/2020

Julie Elkins  
Licensing Consultant

Date