



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

ORLENE HAWKS
DIRECTOR

November 1, 2021

Rhonda Hendrickson
University Living
Suite 300
One Town Center Rd
Boca Raton, FL 33486

RE: License #: AH810401699
Investigation #: 2022A1027002
University Living

Dear Ms. Hendrickson:

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.
- Indicate how continuing compliance will be maintained once compliance is achieved.
- Be signed by the licensee authorized representative and dated.

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. 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 (517) 284-9727.

Sincerely,

A handwritten signature in cursive script that reads "Jessica Rogers".

Jessica Rogers, Licensing Staff
Bureau of Community and Health Systems
611 W. Ottawa Street
P.O. Box 30664
Lansing, MI 48909
(517) 241-1970
enclosure

**MICHIGAN DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
BUREAU OF COMMUNITY AND HEALTH SYSTEMS
SPECIAL INVESTIGATION REPORT**

I. IDENTIFYING INFORMATION

License #:	AH810401699
Investigation #:	2022A1027002
Complaint Receipt Date:	10/11/2021
Investigation Initiation Date:	10/11/2021
Report Due Date:	12/10/2021
Licensee Name:	Ann Arbor Senior Housing OPCO, LLC
Licensee Address:	Ste 310 One Town Center Rd Boca Raton, FL 33486
Licensee Telephone #:	(734) 665-2819
Administrator:	Kelly Hardy
Authorized Representative:	Rhonda Hendrickson
Name of Facility:	University Living
Facility Address:	2865 S. Main Street Ann Arbor, MI 48103
Facility Telephone #:	(734) 665-2819
Original Issuance Date:	05/26/2021
License Status:	TEMPORARY
Effective Date:	05/26/2021
Expiration Date:	11/25/2021
Capacity:	90
Program Type:	ALZHEIMERS AGED

II. ALLEGATION(S)

	Violation Established?
The facility does not have a cook, housekeeping staff, care staff nor staff to administer medications.	No
Additional Findings	Yes

III. METHODOLOGY

10/11/2021	Special Investigation Intake 2022A1027002
10/11/2021	Special Investigation Initiated - Letter Email sent to administrator Kelly Hardy and AR Rhonda Hendrickson requesting a resident census and list of all employees
10/11/2021	Contact - Document Received Received requested documentation from administrator K. Hardy
10/26/2021	Inspection Completed On-site
11/01/2021	Contact – Document Sent Email sent to Administrator K. Hardy to request employee records
11/01/2021	Contact – Document Received Email received from Administrator K. Hardy with requested documentation
11/01/2021	Inspection Completed – BCAL Sub Compliance
11/22/2021	Exit Conference Conducted with authorized representative Rhonda Hendrickson

The complainant identified some concerns that were not related to licensing rules and statutes for a home for the aged. Therefore, only specific items pertaining to homes for the aged provisions of care were considered for investigation. The following items were those that could be considered under the scope of licensing.

ALLEGATION:

The facility does not have a cook, housekeeping staff, care staff nor staff to administer medications.

INVESTIGATION:

On 10/11/21, the department received an anonymous complaint which alleged the cook quit, there were no housekeeping staff, no care staff and no staff dispensing medications. Additionally, the complaint alleged there was no beauty salon.

On 10/26/21, I conducted an on-site inspection at the facility. I interviewed Director of Nursing Luna Delgado. Ms. Delgado stated there were 61 residents in the facility. Ms. Delgado stated the facility currently has open position for a maintenance director to oversee the housekeeping department. Ms. Delgado stated two housekeepers quit approximately one week ago. Ms. Delgado stated herself and sales director Tanum Ollila were completing the housekeeping duties for the facility. Ms. Delgado stated they hired four housekeepers in October. Ms. Delgado stated they have cooks in the kitchen. Ms. Delgado stated they have sufficient care staff. Ms. Delgado stated the facility is sometimes over staffed with resident assistants, so they are reassigned to assist in kitchen, with resident showers or cleaning. Ms. Delgado stated the facility has medication technicians who also provide care. Ms. Delgado stated they have a beauty salon but are looking to hire a new beautician since the previous one resigned. I interviewed assistant dining manager River Calhoun. Mr. Calhoun stated they have four cooks on staff including himself and the manager. Mr. Calhoun stated they have seven servers. Mr. Calhoun stated himself and the other cooks assist with serving meals, as well as resident assistants, who have also been trained as servers. Mr. Calhoun stated for breakfast there is one cook and two servers, for lunch there are two cooks and three servers and for dinner there is one cook and two servers. I interviewed resident assistant Zachary Barnes. Mr. Barnes stated the facility has hired more staff and currently the workload is "manageable." Mr. Barnes stated there are usually one resident assistant and one medication technician on Garden and first floors, then two resident assistants and one medication technician on the second floor. I interviewed housekeeper Phylisha Brown. Ms. Brown stated she was hired two weeks ago, and her statements were consistent with Ms. Delgado. I interviewed supervisor and medication technician Kayla Williams. Ms. Williams statements were consistent with Ms. Delgado and Mr. Barnes. Ms. Williams stated there are usually eight care staff assigned to dayshift and afternoons which includes three medication technicians and five resident assistants. Ms. Williams stated for nightshift, there are usually six staff on the schedule. Ms. Williams stated residents have never gone without receiving their medications. I interviewed Resident A who stated facility staff clean her room once a week and "I think they are doing a pretty good job." I interviewed Resident B who stated staff do not know the medications, but they do administer them, and the housekeeping is "alright." I interviewed Resident C who stated he receives his medications, but thought the housekeeping was "lacking." While on-site, I observed the facility. I observed the

entry of the facility, guest bathroom, dining area, elevator, all three floors and three resident rooms which appeared clean. I observed lunch being served by two servers which was a turkey sandwich, beets, and potatoes. I observed resident caregivers on all three floors.

I reviewed a list of employees provided by Ms. Delgado which read the facility staff roster consisted of approximately 20 resident assistants, 22 medication technicians, one server, four cooks and four housekeepers.

I reviewed the staffing assignment sheets for resident assistants and medication technicians from 10/1/21 to 10/25. The staffing schedule read consistent with statements from staff interviews. The staffing schedule read specifically which staff were assigned to the medication carts. On some days the staff schedule read which staff member was assigned to assist with dining for both breakfast and lunch.

APPLICABLE RULE	
R 325.1931	Employees; general provisions.
	(5) The home shall have adequate and sufficient staff on duty at all times who are awake, fully dressed, and capable of providing for resident needs consistent with the resident service plans.
ANALYSIS:	Staff interviews along with review of facility documentation revealed the facility has adequate and sufficient staff on duty to meet resident needs consistent with their service plans.
CONCLUSION:	VIOLATION NOT ESTABLISHED

ADDITIONAL FINDINGS:

INVESTIGATION:

On 10/26/21, while on-site at the facility, Ms. Brown stated she did not receive tuberculosis (TB) screening upon hire.

I reviewed Ms. Brown’s employee file which read Director of Nursing Luna Delgado conducted an “Annual TB Risk Assessment” on 10/12/21 for Ms. Brown. The risk assessment included the facility’s name, number of residents, the person completing the assessment, date of completion, the number of active individuals in the last year, the prevalence of active TB within in the county of the facility, and the risk level which was circled as low.

APPLICABLE RULE	
R 325.1923	Employee's health.
	(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 annually. Homes that are low risk do not need to conduct annual TB testing for employees.
ANALYSIS:	Although the facility has an annual risk assessment which indicated low risk, Ms. Brown's employee file lacked a baseline TB screening upon hire.
CONCLUSION:	VIOLATION ESTABLISHED

On 11/22/2021, I shared the findings of this report with authorized representative Rhonda Hendrickson. Ms. Hendrickson verbalized understanding of the citation.

IV. RECOMMENDATION

Contingent upon receipt of an acceptable corrective action plan, the status of the license remains unchanged.

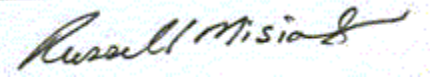


11/1/21

Jessica Rogers
Licensing Staff

Date

Approved By:



11/10/21

Russell B. Misiak
Area Manager

Date