



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

ORLENE HAWKS
DIRECTOR

December 22, 2021

Nino Cugas
Golden Pines Senior Living LLC
888 W. Big Beaver Rd., Suite 200
Troy, MI 48084

RE: License #: AS630407125
Golden Pines Senior Living
3178 Daley Dr
Troy, MI 48083

Dear Mr. Cugas:

Attached is the Renewal Licensing Study Report for the facility referenced above. You have submitted an acceptable written corrective action plan addressing the violations cited in the report. To verify your implementation and compliance with this corrective action plan:

- You are to submit documentation of compliance or
- You are to submit a Statement of Correction.

The study has determined substantial compliance with applicable licensing statutes and administrative rules. Therefore, your license is renewed. It is valid only at your present address and is nontransferable.

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 (248) 975-5053.

Sincerely,

A handwritten signature in cursive script that reads "Kristen Donnay".

Kristen Donnay, Licensing Consultant
Bureau of Community and Health Systems
Cadillac Place, Ste 9-100
Detroit, MI 48202
(248) 296-2783

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

I. IDENTIFYING INFORMATION

License #:	AS630407125
Licensee Name:	Golden Pines Senior Living LLC
Licensee Address:	888 W. Big Beaver Rd. Suite 200 Troy, MI 48084
Licensee Telephone #:	(586) 746-7494
Licensee Designee:	Nino Cugas
Administrator:	Maria McIntosh
Name of Facility:	Golden Pines Senior Living
Facility Address:	3178 Daley Dr Troy, MI 48083
Facility Telephone #:	(248) 688-9800
Original Issuance Date:	06/24/2021
Capacity:	6
Program Type:	PHYSICALLY HANDICAPPED AGED ALZHEIMERS

II. METHODS OF INSPECTION

Date of On-site Inspection(s): 12/22/2021

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

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 2
No. of residents interviewed and/or observed 2
No. of others interviewed 2 Role: Lic. Desig./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 did not occur 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:
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.
	(2) Medication shall be given, taken, or applied pursuant to label instructions.

During the onsite inspection, I reviewed the residents' medications and medication logs. I noted the following:

- Resident K's medication log stated Hydrocodone/Acetaminophen 5-325mg- take one tablet at bedtime. The instructions on the bubble pack stated take 1 tablet by mouth two times daily for pain as needed. The licensee designee indicated that the prescription had been changed but it was not updated and there was no documentation on file regarding this change.
- Resident K's medication log stated Hyoscyamine 0.375mg take 1 tablet two times daily at 8:00am and 8:00pm. The instructions on the bubble pack stated take 1 tablet by mouth every 12 hours as needed. The licensee designee indicated that the prescription had been changed but it was not updated and there was no documentation on file regarding this change.
- Resident R had Hydralazine 50mg tablets- take 2 tablets by mouth 3 times daily in her medication basket, but this medication was not listed on medication log and there was no order to discontinue the medication on file.
- Resident R was prescribed Doxycyc. Mono 100mg- take 1 capsule by mouth 2 times daily for 7 days. The medication began on 12/17/21. During the onsite inspection on 12/22/21, there were still 4 pills remaining in the bottle, indicating that a dose was missed.
- Resident R's medication log and medication packets indicated that she was prescribed Docusate 100mg- take 1 capsule by mouth daily. There was an additional bottle of Docusate 100mg pills in Resident R's medication basket with instructions to take 1 capsule 2 times daily. There was no documentation on file to show if the medication was increased. It was only being given once daily at the time of the onsite inspection.

R 400.14312	Resident medications.
	<p>(4) When a licensee, administrator, or direct care staff member supervises the taking of medication by a resident, he or she shall comply with all of the following provisions:</p> <p>(b) Complete an individual medication log that contains all of the following information:</p> <ul style="list-style-type: none"> (i) The medication. (ii) The dosage. (iii) Label instructions for use. (iv) Time to be administered. (v) The initials of the person who administers the medication, which shall be entered at the time the medication is given.

During the onsite inspection, I reviewed the residents' medications and medication logs. I noted the following:

- Resident R was prescribed Doxycyc. Mono 100mg- take 1 capsule by mouth 2 times daily for 7 days beginning on 12/17/21. The medication was not listed on Resident R's December 2021 medication log and was not initialed when administered.
- The instructions for use on Resident K's medication log did not match the prescription label instructions for Hydrocodone/Acetaminophen 5-325mg on Hyoscyamine 0.375mg

R 400.14312	Resident medications.
	<p>(4) When a licensee, administrator, or direct care staff member supervises the taking of medication by a resident, he or she shall comply with all of the following provisions:</p> <p>(e) Not adjust or modify a resident's prescription medication without instructions from a physician or a pharmacist who has knowledge of the medical needs of the resident. A licensee shall record, in writing, any instructions regarding a resident's prescription medication.</p>

During the onsite inspection, I reviewed the residents' medications and medication logs. I noted the following:

- There were no written instructions for changes that were made to Resident K's Hydrocodone/Acetaminophen 5-325mg or Hyoscyamine 0.375mg.

- There were no written instructions on file to discontinue Resident R's Hydralazine 50mg or regarding changes to her prescription for Docusate 100mg.

R 400.14407	Bathrooms.
	(3) Bathrooms shall have doors. Only positive-latching, non-locking-against-egress hardware may be used. Hooks and eyes, bolts, bars, and other similar devices shall not be used on bathroom doors.

During the onsite inspection, the bathroom located in bedroom #3 was not equipped with non-locking against egress hardware.

A corrective action plan was requested and approved on 12/22/2021. It is expected that the corrective action plan be implemented within the specified time frames as outlined in the approved plan. A follow-up evaluation may be made to verify compliance. Should the corrections not be implemented in the specified time, it may be necessary to reevaluate the status of your license.

IV. RECOMMENDATION

An acceptable corrective action plan has been received. Renewal of the license is recommended.



12/22/2021

Kristen Donnay
Licensing Consultant

Date