



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

ORLENE HAWKS  
DIRECTOR

January 5, 2022

Diane Ragnone  
SPRHAL, Inc.  
1245 E. Grand Blanc Road  
Grand Blanc, MI 48439

RE: License #: AH630385331  
Stratford Place

Dear Ms. Ragnone:

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. If you fail to submit an acceptable corrective action plan, disciplinary action will result. 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 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 (517) 284-9730.

Sincerely,

A handwritten signature in blue ink, appearing to read "Elizabeth Gregory-Weil".

Elizabeth Gregory-Weil, Licensing Staff  
Bureau of Community and Health Systems  
611 W. Ottawa Street  
P.O. Box 30664  
Lansing, MI 48909  
(810) 347-5503

enclosure

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

**I. IDENTIFYING INFORMATION**

<b>License #:</b>	AH630385331
<b>Licensee Name:</b>	SPRHAL, Inc.
<b>Licensee Address:</b>	930 S. Boulevard Rochester Hills, MI 48307
<b>Licensee Telephone #:</b>	(810) 459-2966
<b>Authorized Representative and Administrator:</b>	Diane Ragnone
<b>Name of Facility:</b>	Stratford Place
<b>Facility Address:</b>	910 S. Boulevard Rochester Hills, MI 48307
<b>Facility Telephone #:</b>	(248) 270-4040
<b>Original Issuance Date:</b>	06/26/2018
<b>Capacity:</b>	38
<b>Program Type:</b>	AGED

## II. METHODS OF INSPECTION

Date of On-site Inspection(s): 01/04/2022

Date of Bureau of Fire Services Inspection if applicable: 11/05/2021

Inspection Type:  Interview and Observation  Worksheet  
 Combination

Date of Exit Conference: 01/04/2022

No. of staff interviewed and/or observed 8  
No. of residents interviewed and/or observed 11  
No. of others interviewed 0 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. The facility does not hold resident funds in trust.
- Meal preparation / service observed? Yes  No  If no, explain.
- Fire drills reviewed? Yes  No  If no, explain.  
The Bureau of Fire Services reviews fire drills, however facility disaster planning procedures were reviewed.
- 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: SIR2021A1019041, R 325.1917(2)
- 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:	
<b>R 325.1917</b>	<b>Compliance with other laws, codes, and ordinances.</b>
	<b>(1) A home shall comply with all applicable laws and shall furnish such evidence as the director shall require to show compliance with all local laws, codes, and ordinances.</b>
<p>Current Centers for Disease Control guidance indicates that all visitors of the facility should be screened for COVID-19 symptoms upon entry, as well as face mask requirements for staff. Administrator and authorized representative Diane Ragnone stated that the facility stopped screening visitors in November 2021 and one staff member was observed walking through common areas of the facility without a face covering. Ms. Ragnone stated that masks are mandatory for all staff members. The facility did not reasonably comply with COVID-19 prevention protocol during the pandemic.</p>	
<b>R 325.1921</b>	<b>Governing bodies, administrators, and supervisors.</b>
	<p><b>(1) The owner, operator, and governing body of a home shall do all of the following:</b></p> <p style="padding-left: 40px;"><b>(b) Assure that the home maintains an organized program to provide room and board, protection, supervision, assistance, and supervised personal care for its residents.</b></p>

The owner, operator, governing body did not assure that the home maintains an organized program of protection to its residents as evidenced by the following:

I observed two residents to have bed rails attached to their bedframes. The facility lacked physician's orders for the devices directing their purpose and authorization for use, the devices were not addressed in any of the resident service plans, there were no manufacturer's guidelines for proper installation and use of the devices and did not demonstrate an ongoing training and maintenance program for the devices. All rails contained gapping large enough to be considered an entrapment risk. The facility did not have an evaluation process to determine the appropriateness of the devices for those residents that had the rails on their bedframes.

The lack of a reasonably organized program of protection related to these devices place staff at a disadvantage when attempting to meet the safety needs of residents and does not reasonably protect residents from the possibility of unnecessary entrapment and/or entanglement injury or death associated with such devices.

**REPEAT VIOLATION ESTABLISHED**

**Renewal licensing study report (LSR) dated 04/24/19- CAP dated 5/14/19, BCAL 3239 statement of correction dated 8/15/19**

<b>R 325.1922</b>	<b>Admission and retention of residents.</b>
	<b>(1) A home shall have a written resident admission contract, program statement, admission and discharge policy, and a resident's service plan for each resident.</b>
Resident A moved into the facility on 06/15/2021. At the time of my inspection, a service plan had not been completed on Resident A.	
<b>R 325.1922</b>	<b>Admission and retention of residents.</b>
	<b>(2) The admission policy shall specify all of the following: (d) That the home has developed and implemented a communicable disease policy governing the assessment and baseline screening of residents.</b>
The facility did not have a communicable disease policy for residents.	
<b>R 325.1922</b>	<b>Admission and retention of residents.</b>
	<b>(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</b>

	<p>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" (<a href="http://www.cdc.gov/mmwr/pdf/rr/rr5417.pdf">http://www.cdc.gov/mmwr/pdf/rr/rr5417.pdf</a>), 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>The facility did not have a TB policy outlining screening expectations for residents.</p> <p><b>REPEAT VIOLATION ESTABLISHED</b>  Renewal licensing study report (LSR) dated 04/24/19- CAP dated 5/14/19, BCAL 3239 statement of correction dated 8/15/19</p>	
<p><b>R 325.1923</b></p>	<p><b>Employee's health.</b></p>
	<p><b>(1) A person on duty in the home shall be in good health. The home shall develop and implement a communicable disease policy governing the assessment and baseline screening of employees.</b></p>
<p>The facility did not have a communicable disease policy for employees.</p>	
<p><b>R 325.1931</b></p>	<p><b>Employees; general provisions.</b></p>
	<p><b>(2) A home shall treat a resident with dignity and his or her personal needs, including protection and safety, shall be attended to consistent with the resident's service plan.</b></p>

Residents B and C had bed rails attached to their beds. As mentioned in the above citation for R 325.1921 (1) (b), the service plans were void of any information pertaining to the residents' use of the device; thus, staff had no methods to follow regarding their responsibilities related to the device.

**REPEAT VIOLATION ESTABLISHED**

**Renewal licensing study report (LSR) dated 04/24/19- CAP dated 5/14/19, BCAL 3239 statement of correction dated 8/15/19**

<b>R 325.1932</b>	<b>Resident medications.</b>
	<b>(1) Medication shall be given, taken, or applied pursuant to labeling instructions or orders by the prescribing licensed health care professional.</b>

Medication administration logs (MAR) were reviewed from 11/1/21-1/4/21 (date of onsite inspection). Review of the MAR revealed that the facility has not always administered medications pursuant the labeling instructions or provide an accurate and complete medication log. For example, Resident A did not receive her prescribed dose of Aspirin 81mg or Vitamin B-12 on the following dates for the timeframe reviewed: 11/7/21-12/3/21, 12/5/21-1/4/21. Staff documented the reason for all of the missed doses as "pharmacy did not send medication". Ms. Ragnone stated that the Aspirin should be given on an "as needed/PRN" basis but has not contacted the physician to get the prescription changed. Ms. Ragnone stated that Resident A no longer takes the Vitamin B-12 but hasn't contacted the physician to get the medication discontinued. Regarding staff documenting that the medications were administered to Resident A on 12/4/21, she considers that to be a documentation error since the medications were not available at the facility to administer.

**REPEAT VIOLATION ESTABLISHED**

**Renewal licensing study report (LSR) dated 04/24/19- CAP dated 5/14/19, BCAL 3239 statement of correction dated 8/15/19**

<b>R 325.1943</b>	<b>Resident registers.</b>
	<p><b>(1) A home shall maintain a current register of residents which shall include all of the following information for each resident:</b></p> <ul style="list-style-type: none"> <li><b>(a) Name, date of birth, gender, and room.</b></li> <li><b>(b) Name, address, and telephone number of next of kin or authorized representative, if any.</b></li> </ul>

	<p>(c) Name, address, and telephone number of person or agency responsible for resident's maintenance and care in the home.</p> <p>(d) Date of admission, date of discharge, reason for discharge, and place to which resident was discharged, if known.</p> <p>(e) Name, address, and telephone number of resident's licensed health care professional, if known.</p>
<p>The resident register was incomplete and was missing information for Resident B.</p>	
<b>R 325.1944</b>	<b>Employee records and work schedules.</b>
	<p>(1) A home shall maintain a record for each employee which shall include all of the following:</p> <p>(i) Criminal background information, consistent with MCL 333.20173.</p>
<p>Employee files reviewed did not contain evidence that the background checks were completed and did not include documentation to indicate that the employees were eligible for employment in a home for the aged setting.</p>	
<b>R 325.1953</b>	<b>Menus.</b>
	<p>(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.</p>
<p>The facility did not have any menus posted for residents to access.</p>	
<b>R 325.1976</b>	<b>Kitchen and dietary.</b>
	<p>(13) A multi-use utensil used in food storage, preparation, transport, or serving shall be thoroughly cleaned and sanitized after each use and shall be handled and stored in a manner which will protect it from contamination.</p>



<p>The commercial kitchen had a container of sugar which housed a mug with a handle on it used to dispense the sugar. The mug was kept inside of the container with the handle buried within the contents of the container. Staff were not washing the mug after each use.</p>	
<b>R 325.1981</b>	<b>Disaster plans.</b>
	<b>(1) A home shall have a written plan and procedure to be followed in case of fire, explosion, loss of heat, loss of power, loss of water, or other emergency.</b>
<p>The facility's disaster plan procedure for explosion was limited to protocol in the event of a bomb threat and did not cover any other situations in which an explosion could occur.</p> <p><b>REPEAT VIOLATION ESTABLISHED</b>  <b>Renewal licensing study report (LSR) dated 04/24/19- CAP dated 5/14/19, BCAL 3239 statement of correction dated 8/15/19</b></p>	

**IV. RECOMMENDATION**

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



1/5/2022

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Elizabeth Gregory-Weil  
Licensing Consultant

Date