



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

ORLENE HAWKS  
DIRECTOR

March 9, 2022

Julie Norman  
Farmington Hills Inn  
30350 W. Twelve Mile Road  
Farmington Hills, MI 48334

RE: License #: AH630236784  
Investigation #: 2022A1019025

Dear Ms. Norman:

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. Failure to submit an acceptable corrective action plan will result in disciplinary action. 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.
- How continuing compliance will be maintained once compliance is achieved.
- The signature of the 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 contact the local office at (517) 284-9730.

Sincerely,

A handwritten signature in black 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  
SPECIAL INVESTIGATION REPORT**

**I. IDENTIFYING INFORMATION**

<b>License #:</b>	AH630236784
<b>Investigation #:</b>	2022A1019025
<b>Complaint Receipt Date:</b>	01/24/2022
<b>Investigation Initiation Date:</b>	01/24/2022
<b>Report Due Date:</b>	03/23/2022
<b>Licensee Name:</b>	Alycekay Co.
<b>Licensee Address:</b>	30350 W 12 Mile Rd. Farmington Hills, MI 48334
<b>Licensee Telephone #:</b>	(248) 851-9640
<b>Administrator and Authorized Representative:</b>	Julie Norman
<b>Name of Facility:</b>	Farmington Hills Inn
<b>Facility Address:</b>	30350 W. Twelve Mile Road Farmington Hills, MI 48334
<b>Facility Telephone #:</b>	(248) 851-9640
<b>Original Issuance Date:</b>	12/29/2000
<b>License Status:</b>	REGULAR
<b>Effective Date:</b>	10/10/2021
<b>Expiration Date:</b>	10/09/2022
<b>Capacity:</b>	137
<b>Program Type:</b>	AGED ALZHEIMERS

## II. ALLEGATION(S)

	<b>Violation Established?</b>
Resident A experienced a significant weight loss.	No
Staff are not feeding Resident A.	Yes
Resident A didn't have sheets on her bed.	No
The facility had inadequate housekeeping practices.	No
Additional Findings	No

## III. METHODOLOGY

01/24/2022	Special Investigation Intake 2022A1019025
01/24/2022	Special Investigation Initiated - Letter Emailed AR requesting documentation.
01/24/2022	APS Referral Notified APS of the allegations via email referral template.
01/31/2022	Inspection Completed On-site
02/22/2022	Inspection Completed BCAL Sub. Compliance

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:**

**Resident A experienced a significant weight loss.**

**INVESTIGATION:**

On 1/24/22, the department received a complaint regarding Resident A. The complainant alleged that Resident A suffered a 45 pound weight loss while residing at the facility.

On 1/31/22, I conducted an onsite inspection. Administrator and authorized representative Julie Norman was not present during my visit, and administrative assistance Marsha Bain was tasked with supervision in Ms. Norman's absence. Ms. Bain stated that Resident A moved into the facility on 12/1/2020 and moved out on 1/14/2022. Ms. Bain stated that resident weights are taken and documented monthly in a log. Ms. Bain stated that if there is a five pound weight change from the previous month the resident will be put on a list to be seen by the visiting physician.

While onsite, Ms. Bain provided me with a copy of Resident A's move in assessment, along with her monthly weight logs for the duration of her tenure at the facility. In December 2020, visiting nurse practitioner Nadia Kent documented that Resident A's weight was 129 pounds. Ms. Bain stated that Resident A's weight was not documented in January 2022 because she moved out prior to the weights being taken, however her weight log for December 2021 listed her weight as 124.2 pounds. Resident A's weight was listed as 126.8 pounds in November 2021 and 127.8 pounds in October 2021. Ms. Bain stated that Resident A tested positive for COVID-19 in December 2021, which did have some effect on her appetite but denied that there was any significant weight loss.

<b>APPLICABLE RULE</b>	
<b>MCL 333.20201</b>	<b>Policy describing rights and responsibilities of patients or residents;</b>
	<b>(1) A health facility or agency that provides services directly to patients or residents and is licensed under this article shall adopt a policy describing the rights and responsibilities of patients or residents admitted to the health facility or agency. Except for a licensed health maintenance organization, which shall comply with chapter 35 of the insurance code of 1956, 1956 PA 218, MCL 500.3501 to 500.3580, the policy shall be posted at a public place in the health facility or agency and shall be provided to each member of the health facility or agency staff. Patients or residents shall be treated in accordance with the policy.</b>

<b>For Reference: MCL 333.20201</b>	<b>(e) A patient or resident is entitled to receive adequate and appropriate care, and to receive, from the appropriate individual within the health facility or agency, information about his or her medical condition, proposed course of treatment, and prospects for recovery, in terms that the patient or resident can understand, unless medically contraindicated as documented by the attending physician in the medical record.</b>
<b>ANALYSIS:</b>	Review of Resident A's monthly weight logs did not reveal a significant change in weight from admission to discharge.
<b>CONCLUSION:</b>	<b>VIOLATION NOT ESTABLISHED</b>

**ALLEGATION:**

**Staff are not feeding Resident A.**

**INVESTIGATION:**

The complaint alleged that Resident A requires feeding assistance from staff but they are not providing it. Resident A's initial service plan dated 12/1/20 read:

*Resident eats a regular diet and feeds self independently with good appetite. Staff to escort and remind resident of meal times. Meals to be prepared and served by staff in the main dining room. Snacks are available and alternate meal is also available to provide options and accommodate resident preferences. Staff to notify DOHS of any change in condition.*

Resident A's most recent service plan dated 12/19/21 read *"Resident tested + for COVID staff to feed & encourage meals & fluids until further notice."*

Ms. Norman later attested during follow up correspondence that Resident A was independent with feeding but reported that her appetite was reduced after she was diagnosed with COVID. Ms. Norman attested that during this time, staff brought room trays to her and would prompt her to eat but clarified that she did not require assistance to eat and that the service plan instruction was an error.

Care staff Betty Foster attested that Resident A was not a good eater and despite staff encouragement, would often push her food away. Ms. Foster reported that this was reported to Resident A's family, and they provided the facility with Boost nutritional shakes for her to drink. Ms. Foster attested that Resident A did consume the supplemental nourishment.

Care staff Debra Denson attested that there were days where Resident A would refuse to eat and staff would offer her nutrition shakes. Ms. Denson affirmed that Resident A's appetite lessened even more when she had COVID but increased as she recovered. Ms. Denson attested that Resident A ate independently.

Care staff Judia McFarland attested "She had her days where she didn't have an appetite." Ms. McFarland reported that staff try to get her to eat and provide her with alternative menu options and nutrition shakes to see if she would agree to eat. Ms. McFarland also reported that Resident A fed herself independently.

<b>APPLICABLE RULE</b>	
<b>R 325.1931</b>	<b>Employees; general provisions.</b>
	<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>
<b>For Reference R 325.1901</b>	<b>Definitions.</b>
	<b>(21) "Service plan" means a written statement prepared by the home in cooperation with a resident and/or the resident's authorized representative or agency responsible for a resident's placement, if any, and that identifies the specific care and maintenance, services, and resident activities appropriate for each individual resident's physical, social, and behavioral needs and well-being and the methods of providing the care and services while taking into account the preferences and competency of the resident.</b>
<b>ANALYSIS:</b>	Resident A's service plan identified that she required feeding assistance, however attestations from multiple staff reveal that she was independent with feeding.
<b>CONCLUSION:</b>	<b>VIOLATION ESTABLISHED</b>

**ALLEGATION:**

**Resident A didn't have sheets on her bed.**

**INVESTIGATION:**

The complaint alleged that on 12/8/21, Resident A did not have a sheet on her bed; only a comforter and mattress pad were seen on the bed.

Resident A’s service plan read “*Housekeeping will change linens at least weekly or more often if needed. Facility will do personal laundry.*” Ms. Bain stated that Resident A’s laundry is done more frequently than her service plan outlines and is done twice weekly (including linens). Ms. Bain identified Sunday and Wednesday at Resident A’s scheduled laundry days. 12/8/21 fell on a Wednesday, so Ms. Bain explained that it is possible that the sheets were collected from Resident A’s bed and taken down to be laundered before a replacement sheet was put back on.

Ms. Norman attested that Resident A would often unmake her bed but confirmed that she had bed sheets.

<b>APPLICABLE RULE</b>	
<b>R 325.1935</b>	<b>Bedding, linens, and clothing.</b>
	<b>(1) Bedding shall be washable, in good condition, and clean, and shall be changed at least weekly or more often as required.</b>
<b>ANALYSIS:</b>	The facility was able to demonstrate a consistent laundry protocol. Resident A moved out prior to my onsite visit so I was unable to observe the conditions of Resident A’s room and could not confirm the allegations.
<b>CONCLUSION:</b>	<b>VIOLATION NOT ESTABLISHED</b>

**ALLEGATION:**

**The facility had inadequate housekeeping practices.**

**INVESTIGATION:**

The complaint alleged that on 12/8/21, “*there was what appears to be feces on the wall*” of Resident A’s room.

Resident A’s service plan read “Housekeeping department will clean room, bathroom, make bed and empty trash daily.” After her COVID diagnosis, the service plan was updated to include that her room will be disinfected daily as well. Ms. Bain

affirmed that this protocol was upheld. Resident A's service plan also identified that she is at times incontinent but does not require staff assistance with toileting.

Staff statements submitted by Ms. Norman, were obtained regarding housekeeping protocol. Ms. Norman attested:

Housekeeping services are performed daily for each resident room. Examples, making of their bed daily, cleaning of bathroom including mopping the floor, cleaning the toilet and shower. Removed used towels, washcloths, mats and replacing them with clean ones daily. Washing toilet, sink, shower, cleaning the room, dusting, vacuuming, making the bed daily, changing the linens on bed weekly or as needed. Removing trash and putting new bags in the baskets. [Resident A] did not normally have bowel movements in her room, however, she was known to wipe herself and put it in the garbage can instead of the toilet. So I was told it was often that housekeeping or the aides would pick it up and throw in the toilet. She did have an occasional mess on her floor and housekeeping or janitorial would immediately come in and clean it up. Housekeeping is performed seven days a week always.

<b>APPLICABLE RULE</b>	
<b>R 325.1979</b>	<b>General maintenance and storage.</b>
	<b>(1) The building, equipment, and furniture shall be kept clean and in good repair.</b>
<b>ANALYSIS:</b>	The facility was able to demonstrate a consistent housekeeping protocol. Resident A moved out prior to my onsite visit so I was unable to observe the conditions of Resident A's room and could not confirm the allegations.
<b>CONCLUSION:</b>	<b>VIOLATION NOT ESTABLISHED</b>

On 3/9/22, I shared the findings of this report with authorized representative Julie Norman.



**IV. RECOMMENDATION**

Contingent upon receipt of an acceptable corrective action plan, I recommend no changes to the status of the license.



2/22/2022

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Elizabeth Gregory-Weil  
Licensing Staff

Date

Approved By:



03/08/2022

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Andrea L. Moore, Manager  
Long-Term-Care State Licensing Section

Date