

GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS LANSING

ORLENE HAWKS DIRECTOR

March 2, 2022

Jorge Garcia Aion Silverbell LLC #7081 7007 Metro Pkwy Sterling Heights, MI 48311

RE: License #: AS630407930

Silverbell Manor 1241 E. Sliverbell Road Lake Orion, MI 48360

Dear Mr. Garcia:

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 (248) 975-5053.

Sincerely,

Sheena Bowman, Licensing Consultant Bureau of Community and Health Systems 4th Floor, Suite 4B

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51111 Woodward Avenue

Pontiac, MI 48342

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

I. IDENTIFYING INFORMATION

License #: AS630407930

Licensee Name: Aion Silverbell LLC

Licensee Address: 11681 Whitehall Dr.

Sterling Heights, MI 48313

Licensee Telephone #: (248) 342-9015

Licensee/Licensee Designee: Jorge Garcia

Administrator: Jorge Garcia

Name of Facility: Silverbell Manor

Facility Address: 1241 E. Sliverbell Road

Lake Orion, MI 48360

Facility Telephone #: (248) 977-1618

Original Issuance Date: 10/08/2021

Capacity: 6

Program Type: PHYSICALLY HANDICAPPED

AGED

ALZHEIMERS

TRAUMATICALLY BRAIN INJURED

II. METHODS OF INSPECTION

Date of On-site Inspection(s): 03/02/22				
Date of Bureau of Fire Services Inspection if applicable: N/A				
Date of Health Authority Inspection if applicable: N/A				
Inspe	nspection Type:		⊠ Worksheet □ Full Fire Safety	
No. of staff interviewed and/or observed No. of residents interviewed and/or observed No. of others interviewed Role:				
•	Medication pass / simulated pass obse	erved? 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 \boxtimes No \square If no, explain. Meal preparation / service observed? Yes \square No \boxtimes If no, explain. It was not meal time during th onsite. Fire drills reviewed? Yes \boxtimes No \square If no, explain.			
•	Fire safety equipment and practices observed? Yes \boxtimes No \square If no, explain.			
	E-scores reviewed? (Special Certification Only) Yes \(\subseteq \text{No} \subseteq \text{N/A} \text{ \index} \) If no, explain. Water temperatures checked? Yes \(\subseteq \text{No} \subseteq \text{If no, explain.} \)			
•	Incident report follow-up? Yes ⊠ No	Incident report follow-up? Yes ⊠ No ☐ If no, explain.		
	Corrective action plan compliance veri N/A 🖂			
	Number of excluded employees follow	·	N/A 🖂	
•	Variances? Yes ☐ (please explain) №	IO 🔲 IN/A 🔀		

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

The facility is in non-compliance with the following applicable rules and statutes.

R 400.14316 Resident records.

- (1) A licensee shall complete, and maintain in the home, a separate record for each resident and shall provide record information as required by the department. A resident record shall include, at a minimum, all of the following information:
- Social security number, date of birth, case number, and marital status.

Resident B's social security number was not documented on his identification record.

IV. RECOMMENDATION

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

Sheena Bowman

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Licensing Consultant

03/02/22

Date