



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

ORLENE HAWKS  
DIRECTOR

March 23, 2022

Chuck Sekrenes  
Bella Vita of Hartland, LLC  
Suite A  
2430 E Hill Rd  
Grand Blanc, MI 48439

RE: License #: AH470393393  
Bella Vita of Hartland  
2799 Bella Vita Dr.  
Hartland, MI 48353

Dear Mr. Sekrenes:

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 authorized representative and a date.

Upon receipt of an acceptable corrective action plan, a regular license will be issued. If you fail to submit an acceptable corrective action plan, disciplinary action will result. 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) 241-1970.

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) 285-7433  
enclosure

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

**I. IDENTIFYING INFORMATION**

**License #:** AH470393393

**Licensee Name:** Bella Vita of Hartland, LLC

**Licensee Address:** Suite A  
2430 E Hill Rd  
Grand Blanc, MI 48439

**Licensee Telephone #:** (810) 603-7228

**Authorized Representative:** Chuck Sekrenes

**Administrator/Licensee Designee:** Tabatha Zamudio

**Name of Facility:** Bella Vita of Hartland

**Facility Address:** 2799 Bella Vita Dr.  
Hartland, MI 48353

**Facility Telephone #:** (810) 746-7800

**Original Issuance Date:** 08/19/2020

**Capacity:** 79

**Program Type:** AGED  
ALZHEIMERS

## II. METHODS OF INSPECTION

Date of On-site Inspection(s): 3/23/2022

Date of Bureau of Fire Services Inspection if applicable: 10/4/2021, 1/4/2022

Inspection Type:  Interview and Observation  Worksheet  
 Combination

Date of Exit Conference: 3/23/2022

No. of staff interviewed and/or observed 5  
No. of residents interviewed and/or observed 15  
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. No resident funds held.
- Meal preparation / service observed? Yes  No  If no, explain.
- Fire drills reviewed? Yes  No  If no, explain.  
Bureau of Fire Services Reviews fire drills. Staff interviewed regarding disaster plan.
- 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: CAP dated 2/1/2021 for Renewal LSR dated 1/27/2021
- CAP dated 2/18/2022 for SIR 2022A1027023 dated 1/24/2022
- CAP dated 4/30/2021 for SIR 2021A0585027 dated 4/22/2021
- Number of excluded employees followed up? One N/A

### III. DESCRIPTION OF FINDINGS & CONCLUSIONS

This facility was found to be in non-compliance with the following rules:

**R 325.1922**

**Admission and retention of residents.**

**(7) An individual admitted to residence in the home shall have evidence of tuberculosis screening on record in the home which consists of an intradermal skin test, chest x-ray, or other methods recommended by the local health authority performed within 12 months before admission. 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. 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.**

Administrator Ms. Zamudio was unable to provide documentation of a completed annual tuberculosis risk assessment.

**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.**

Administrator Ms. Zamudio was unable to provide documentation of a completed annual tuberculosis risk assessment.

**R 325.1953            Menus.**

- (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.**

Interview with kitchen staff Employee #1 revealed there were residents who received diabetic and mechanical soft diets. Employee #1 provided the diabetic and mechanical soft diet menus. Employee #1 stated only the regular diet menus were posted.

**R 325.1964            Interiors.**

- (9) Ventilation shall be provided throughout the facility in the following manner:**

- (b) Bathing rooms, beauty shops, toilet rooms, soiled linen rooms, janitor closets, and trash holding rooms shall be provided with a minimum of 10 air changes per hour of continuously operated exhaust ventilation that provide discernable air flow into each of these rooms.**

Inspection of resident room #29 revealed the bathroom vent was not working properly.

On 3/23/2022, I shared the findings of this report with authorized representative Chuck Sekrenes. Mr. Sekrenes verbalized understanding of the citations.

**IV. RECOMMENDATION**

Contingent upon receipt of an acceptable corrective action plan and annual fire safety certification, renewal of the license is recommended.



3/23/2022

Date

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Licensing Consultant