

GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS LANSING

ORLENE HAWKS DIRECTOR

April 14, 2022

Victoria Svet AV Beverly Hills Inc. 20799 W. Kennoway Circle Beverly Hills, MI 48025

RE: License #: AS630302438

Ambrosia Villa Beverly Hills 20799 Kennoway Circle Beverly Hills, MI 48025

Dear Ms. Svet:

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 #: AS630302438

Licensee Name: AV Beverly Hills Inc.

Licensee Address: 20799 W. Kennoway Circle

Beverly Hills, MI 48025

Licensee Telephone #: (248) 207-6511

Licensee/Licensee Designee: Victoria Svet

Administrator: Victoria Svet

Name of Facility: Ambrosia Villa Beverly Hills

Facility Address: 20799 Kennoway Circle

Beverly Hills, MI 48025

Facility Telephone #: (248) 207-6511

Original Issuance Date: 09/16/2009

Capacity: 6

Program Type: PHYSICALLY HANDICAPPED

AGED

ALZHEIMERS

II. METHODS OF INSPECTION

Date	e of On-site Inspection(s): 04/13/22
Date	e of Bureau of Fire Services Inspection if applicable: N/A
Date	e of Health Authority Inspection if applicable: N/A
Insp	ection Type: ☐ Interview and Observation ☒ Worksheet ☐ Combination ☐ 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 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 \boxtimes No \square If no, explain. Meal preparation / service observed? Yes \square No \boxtimes If no, explain. It was not a meal time during the onsite. Fire drills reviewed? Yes \boxtimes No \square If no, explain.
•	Fire safety equipment and practices observed? Yes $igtimes$ No $igcup$ 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 □ If no, explain.
•	Corrective action plan compliance verified? Yes CAP date/s and rule/s: SI CAP Approved; 10/16/19-301(2). LSR CAP Approved; 08/03/20-312(1), 312(2), 312(4)(b), 312(4)(c). N/A Number of excluded employees followed-up? N/A
•	Variances? Yes ☐ (please explain) No ☐ N/A ☒

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

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

R 400.14203 Licensee and administrator training requirements.

- (1) A licensee and an administrator shall complete the following educational requirements specified in subdivision (a) or (b) of this subrule, or a combination thereof, on an annual basis:
- (a) Participate in, and successfully complete, 16 hours of training designated or approved by the department that is relevant to the licensee's admission policy and program statement.
- (b) Have completed 6 credit hours at an accredited college or university in an area that is relevant to the licensee's admission policy and program statement as approved by the department.

The licensee designee, Victoria Svet did not complete the required annual trainings for 2021.

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:
- (a) Identifying information, including, at a minimum, all of the following:
- (ii) Social security number, date of birth, case number, and marital status.
 - (viii) Funeral provisions and preferences.

Resident A and Resident B's social security number was not documented on their identification records. Resident A and Resident B's burial provisions were not documented on their identification records.

R 400.14301

Resident admission criteria; resident assessment plan; emergency admission; resident care agreement; physician's instructions; health care appraisal.

(9) A licensee shall review the written resident care agreement with the resident or the resident's designated representative and responsible agency, if applicable, at least annually or more often if necessary.

Resident A's guardian did not sign her 2020 or 2021 resident care agreement. Resident B's guardian did not sign her 2021 resident care agreement.

R 400.14301

Resident admission criteria; resident assessment plan; emergency admission; resident care agreement; physician's instructions; health care appraisal.

(4) At the time of admission, and at least annually, a written assessment plan shall be completed with the resident or the resident's designated representative, the responsible agency, if applicable, and the licensee. A licensee shall maintain a copy of the resident's written assessment plan on file in the home.

Resident A's guardian did not sign her 2021 assessment plan. Resident B's guardian did not sign her 2021 assessment plan.

R 400.14310 Resident health care.

(3) A licensee shall record the weight of a resident upon admission and monthly thereafter. Weight records shall be kept on file for 2 years.

There was no weight record for Resident B for the month of December 2020 or January 2021.

R 400.14312 Resident medications.

(2) Medication shall be given, taken, or applied pursuant to label instructions.

On 4/13/22, Resident B was not administered her Senna 8.6mg as the medication has not been refilled.

A corrective action plan was requested and approved on 04/13/2022. 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.

Sheena Bowman

Licensing Consultant

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04/14/22

Date