



STATE OF MICHIGAN  
 DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
 LANSING

GRETCHEN WHITMER  
 GOVERNOR

ORLENE HAWKS  
 DIRECTOR

April 20, 2022

Hemant Shah  
 Cranberry Park Of Milford  
 801 Whitlow Drive  
 Milford, MI 48381

RE: License #:	AH630392068 Cranberry Park Of Milford 801 Whitlow Drive Milford, MI 48381
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Dear Mr. Shah:

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 home for the aged 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) 284-9730.

Sincerely,

Kimberly Horst, Licensing Staff  
 Bureau of Community and Health Systems  
 611 W. Ottawa Street  
 Lansing, MI 48909

enclosure

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

**I. IDENTIFYING INFORMATION**

<b>License #:</b>	AH630392068
<b>Licensee Name:</b>	CRANBERRY PARK MILFORD LLC
<b>Licensee Address:</b>	26900 FRANKLIN RD Southfield, MI 48033
<b>Licensee Telephone #:</b>	(248) 210-5981
<b>Authorized Representative:</b>	Hemant Shah
<b>Administrator:</b>	Gary Kosten
<b>Name of Facility:</b>	Cranberry Park Of Milford
<b>Facility Address:</b>	801 Whitlow Drive Milford, MI 48381
<b>Facility Telephone #:</b>	(248) 329-0750
<b>Original Issuance Date:</b>	11/29/2018
<b>Capacity:</b>	61
<b>Program Type:</b>	ALZHEIMERS AGED

## II. METHODS OF INSPECTION

Date of On-site Inspection(s): 04/18/2022

Date of Bureau of Fire Services Inspection if applicable: 2/7/22

Inspection Type:  Interview and Observation  Worksheet  
 Combination

Date of Exit Conference:

No. of staff interviewed and/or observed 5  
No. of residents interviewed and/or observed 15  
No. of others interviewed 0 Role N/A

- 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. resident funds not kept in trust
- Meal preparation / service observed? Yes  No  If no, explain.
- Fire drills reviewed? Yes  No  If no, explain.  
Disaster plans reviewed and staff interviewed
- 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:  
1/27/22: R 325.1931; R 325.1944  
4/10/22: R 325.1921; R 325.1922  
8/20/19: R 325.1922
- 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 325.1922</b>	<b>Admission and retention of residents.</b>
	<b>(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.</b>
Review of Resident A, B, and C's records revealed the residents did not have record of tuberculosis screening within 12 months of hire.	
<b>R 325.1931</b>	<b>Employees; general provisions.</b>
	<b>(3) The home shall designate 1 person on each shift to be supervisor of resident care during that shift. The supervisor of resident care shall be fully dressed, awake, and on the premises when on duty.</b>
Review of staff schedule revealed there was not a designated shift supervisor for each shift.	
<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>
Review of Resident B's medication administration record (MAR) revealed Resident B was prescribed Morphine Sul Sol 100/5ML with instruction to administer 0.25ml by mouth every four hours as needed for pain. In addition, Resident B was prescribed Norco/Apap Tab 5-325mg with instruction to administer one tablet by mouth every four hours as needed for pain. There is no instruction for staff to know whether to administer one over the other or if both can be given at the same time. The lack of instruction places residents at an unnecessary risk of harm due to administration based on what the staff feel is appropriate verses what the physician intended.	
<b>R 325.1932</b>	<b>Resident medications.</b>
	<b>(2) The giving, taking, or applying of prescription medications shall be supervised by the home in accordance with the resident's service plan.</b>

Review of Resident A's MAR revealed Resident A was prescribed Lorazepam 0.5mg tablet with instruction to administer one tablet by mouth every four hours as needed for anxiety. Review of Resident A's service plan lacked detailed information on how the resident demonstrates anxiety/agitation and what behaviors require the administration of the medication or if staff can use nonpharmaceutical interventions. Similar findings were found with Resident B.
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**IV. RECOMMENDATION**

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

*Kimberly Host*

4/20/2022

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Licensing Consultant

Date