

GRETCHEN WHITMER GOVERNOR STATE OF MICHIGAN DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS LANSING

ORLENE HAWKS DIRECTOR

May 24, 2022

Ronald Paradowicz Courtyard Manor Farmington Hills Inc Suite 127 3275 Martin Walled Lake, MI 48390

#### RE: License #: AL630007354 Courtyard Manor Farmington Hills IV 29780 Farmington Road Farmington Hills, MI 48334

Dear Mr. Paradowicz:

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,

Frodet Dawisha

Frodet Dawisha, Licensing Consultant Bureau of Community and Health Systems Cadillac Place, Ste 9-100 Detroit, MI 48202 (248) 303-6348

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

## I. IDENTIFYING INFORMATION

License #:	AL630007354
Licensee Name:	Courtyard Manor Farmington Hills Inc
Licensee Address:	Suite 127
	3275 Martin
	Walled Lake, MI 48390
Licensee Telephone #:	(248) 926-2920
Licensee/Licensee Designee:	Ronald Paradowicz
Administrator:	Jim Cubr
Name of Facility:	Courtyard Manor Farmington Hills IV
Facility Address:	29780 Farmington Road
	Farmington Hills, MI 48334
Facility Tolonhone #:	(248) 520 0404
Facility Telephone #:	(248) 539-0104
Original Issuance Date:	04/06/1995
Capacity:	20
Program Type:	AGED
	ALZHEIMERS

# **II. METHODS OF INSPECTION**

Date of On-site Inspection(s):	05/24/2022		
Date of Bureau of Fire Services Inspection if appli	icable: 04/22/2022		
Date of Health Authority Inspection if applicable:	N/A		
Inspection Type: Interview and Obs	servation 🖾 Worksheet 🗌 Full Fire Safety		
No. of staff interviewed and/or observed No. of residents interviewed and/or observed No. of others interviewed 1 Role: administr	5 13 rator		
Medication pass / simulated pass observed?	Yes 🔀 No 🗌 If no, explain.		
Medication(s) and medication record(s) revie	wed? Yes 🛛 No 🗌 If no, explain.		
<ul> <li>Resident funds and associated documents reviewed for at least one resident? Yes X No I If no, explain.</li> <li>Meal preparation / service observed? Yes X No I If no, explain.</li> </ul>			
• Fire drills reviewed? Yes 🛛 No 🗌 If no, ex	kplain.		
• Fire safety equipment and practices observed	d? Yes 🛛 No 🗌 If no, explain.		
<ul> <li>E-scores reviewed? (Special Certification On If no, explain.</li> <li>Water temperatures checked? Yes X No </li> </ul>			
● Incident report follow-up? Yes ⊠ No □ If r	no, explain.		
<ul> <li>Corrective action plan compliance verified? ` N/A ⊠</li> </ul>	Yes 🗌 CAP date/s and rule/s:		
<ul> <li>Number of excluded employees followed-up?</li> </ul>	? N/A 🗌		
<ul> <li>Variances? Yes ⊠ (please explain) No □ AL408 (7) Bedrooms generally.</li> </ul>	N/A 🗌		

### **III. DESCRIPTION OF FINDINGS & CONCLUSIONS**

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

R 400.15312	Resident medications.
	(2) Medication shall be given, taken, or applied pursuant to label instructions.

During the on-site inspection on 05/24/2022, I reviewed Resident A's and Resident B's medications and medication logs and found the following errors:

- Resident A's CARB/LEVO TAB 10-100MG: take one tablet by mouth every six hours was not given 12PM on 05/17/2022, 2AM on 05/18/2022, and at 8PM on 05/20/2022, as the pills were still in the blister packs.
- Resident B's Metformin TAB 500MG ER: take two tablets (1,000MG) by mouth twice daily was not given at 4PM on 05/17/2022, as the pills were still in the blister pack.

R 400.15403	Maintenance of premises.
	(1) A home shall be constructed, arranged, and maintained to provide adequately for the health, safety, and well-being of occupants.

Bureau of Fire Services conducted an inspection on 04/22/2022, and gave this facility a "B," rating for the following deficiency: delayed egress locks complying with 7.2.1.6.1 shall be permitted for exit doors only.

## **IV. RECOMMENDATION**

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

Frodet Danisha

05/24/2022

Frodet Dawisha Licensing Consultant

Date