



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

ORLENE HAWKS
DIRECTOR

June 21, 2022

Benjamin Harmon
Newburgh Manor
15475 Middlebelt
Livonia, MI 48154

RE: License #: AH820366306

Dear Mr. Harmon:

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.

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,

A handwritten signature in blue ink, appearing to read "Elizabeth Gregory-Weil".

Elizabeth Gregory-Weil, Licensing Staff
Bureau of Community and Health Systems
611 W. Ottawa Street
P.O. Box 30664
Lansing, MI 48909
(810) 347-5503

enclosure

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

I. IDENTIFYING INFORMATION

License #:	AH820366306
Licensee Name:	Trinity Continuing Care Services
Licensee Address:	Suite 200 17410 College Parkway Livonia, MI 48152
Licensee Telephone #:	(301) 557-1401
Authorized Representative and Administrator	Benjamin Harmon
Name of Facility:	Newburgh Manor
Facility Address:	15475 Middlebelt Livonia, MI 48154
Facility Telephone #:	(734) 427-9175
Original Issuance Date:	12/11/2017
Capacity:	29
Program Type:	AGED

II. METHODS OF INSPECTION

Date of On-site Inspection(s): 06/21/2022

Date of Bureau of Fire Services Inspection if applicable: 10/05/2021

Inspection Type: Interview and Observation Worksheet
 Combination

Date of Exit Conference: 06/21/2022

No. of staff interviewed and/or observed 11
No. of residents interviewed and/or observed 14
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. The facility does not hold resident funds in trust.
- Meal preparation / service observed? Yes No If no, explain.
- Fire drills reviewed? Yes No If no, explain.
The Bureau of Fire Services reviews fire drills, however facility disaster planning procedures were reviewed.
- 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: N/A
- Number of excluded employees followed up? 1 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.
Resident records were reviewed for five residents. Four of the five records did not contain evidence of a TB screen within 12 months prior to admission.	
R 325.1932	Resident medications.
	<p>(1) Medication shall be given, taken, or applied pursuant to labeling instructions or orders by the prescribing licensed health care professional.</p> <p>(3) If a home or the home's administrator or direct care staff member supervises the taking of medication by a resident, then the home shall comply with all of the following provisions:</p> <p>(b) Complete an individual medication log that contains all of the following information:</p> <p>(v) The initials of the person who administered the medication, which shall be entered at the time the medication is given.</p>

The facility has not always administered medications pursuant the labeling instructions or provide an accurate and complete medication log. Medication administration records (MAR) were reviewed for five residents.

Resident A is prescribed Ativan and instructed to "Take 1 tablet by mouth once daily as needed for anxiety. On 6/4/22, staff documented that the medication was administered twice. Resident B missed multiple doses of medication on 6/8/22, 6/9/22 and 6/10/22 due to the medications not being in the cart and awaiting pharmacy delivery. Administrator and authorized representative Benjamin Harmon stated that medications should be reordered early enough so that no doses are missed. Resident B's MAR revealed instances where staff documented those medications were administered in between doses that they also reported not having the medications onsite and Resident C's MAR revealed that staff documented medication administrations while the resident was out of the facility. Both of these are considered to be documentation errors.

IV. RECOMMENDATION

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



06/21/2022

Elizabeth Gregory-Weil
Licensing Consultant

Date