



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

ORLENE HAWKS
DIRECTOR

July 6, 2022

Kimberly Slanec
Fleischman Residence
6710 West Maple Road
West Bloomfield, MI 48322

RE: License #: AH630236785

Dear Ms. Slanec:

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. If you fail to submit an acceptable corrective action plan, disciplinary action will result. 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#:	AH630236785
Licensee Name:	Jewish Home and Aging Services
Licensee Address:	6710 W Maple Rd. West Bloomfield, MI 48322
Licensee Telephone #:	(248) 661-2999
Authorized Representative and Administrator:	Kimberly Slanec
Name of Facility:	Fleischman Residence
Facility Address:	6710 West Maple Road West Bloomfield, MI 48322
Facility Telephone #:	(248) 661-2999
Original Issuance Date:	09/01/1999
Capacity:	116
Program Type:	ALZHEIMERS AGED

II. METHODS OF INSPECTION

Date of On-site Inspection(s): 07/06/2022

Date of Bureau of Fire Services Inspection if applicable: 04/11/2022

Inspection Type: Interview and Observation Worksheet
 Combination

Date of Exit Conference: 07/06/2022

No. of staff interviewed and/or observed 22

No. of residents interviewed and/or observed 34

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 is responsible for 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: R 325.1921 (1) (b), R 325.1932 (1)- CAP 12/7/20,
- Number of excluded employees followed up? 4 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 A moved into the facility on 4/12/21. The facility was unable to provide evidence that a TB screen was conducted prior to her admission, and only provided two screens that occurred after being admitted.	
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.
Employee A was hired on 5/18/21 and her TB screen was completed on 6/7/21. Employee B was hired on 9/2/21 and her TB screen was completed on 8/13/21. Employee C was hired on 1/20/22 and her TB screen was completed on 12/27/21. In each instance, the employee TB screens occurred outside the timeframe required by this regulation.	

IV. RECOMMENDATION

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



07/06/2022

Elizabeth Gregory-Weil
Licensing Consultant

Date