



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

ORLENE HAWKS
DIRECTOR

July 7, 2022

Theodora Calvas
Kernway Assisted Living, Inc.
3118 Kernway Drive
Bloomfield Hills, MI 48304

RE: License #: AS630385198
**Kernway Assisted Living of Bloomfield
3118 Kernway Drive
Bloomfield Hills, MI 48304**

Dear Mrs. Calvas:

Attached is the Renewal Licensing Study Report for the facility referenced above. You have submitted an acceptable written corrective action plan addressing the violations cited in the report.

The study has determined substantial compliance with applicable licensing statutes and administrative rules. Therefore, your license is renewed. It is valid only at your present address and is nontransferable.

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,

A handwritten signature in black ink that reads "Sheena Bowman".

Sheena Bowman, Licensing Consultant
Bureau of Community and Health Systems
4th Floor, Suite 4B
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 #: AS630385198

Licensee Name: Kernway Assisted Living, Inc.

Licensee Address: 3118 Kernway Drive
Bloomfield Hills, MI 48304

Licensee Telephone #: (248) 202-0057

Licensee/Licensee Designee: Theodora Calvas

Administrator: John Calvas

Name of Facility: Kernway Assisted Living of Bloomfield

Facility Address: 3118 Kernway Drive
Bloomfield Hills, MI 48304

Facility Telephone #: (248) 202-0057

Original Issuance Date: 01/19/2018

Capacity: 6

Program Type: AGED

II. METHODS OF INSPECTION

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

Date of Bureau of Fire Services Inspection if applicable: N/A

Date of Health Authority Inspection if applicable: N/A

Inspection Type: Interview and Observation Worksheet
 Combination Full Fire Safety

No. of staff interviewed and/or observed 1
No. of residents interviewed and/or observed 5
No. of others interviewed [REDACTED] Role: [REDACTED]

- 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 No If no, explain.
- Meal preparation / service observed? Yes No If no, explain.
It was not meal time during the onsite.
- Fire drills reviewed? Yes No If no, explain.
- Fire safety equipment and practices observed? Yes No If no, explain.
- E-scores reviewed? (Special Certification Only) Yes No N/A
If no, explain.
- Water temperatures checked? Yes No 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 05/04/20; 305(3), 303(2), 306(3)
- LSR CAP Approved 07/14/20; 306(3), 203(1), 312(2), 312(7), 507(5), 511(2),
204(3)(b), 204(3)(c), 205(5) N/A
- Number of excluded employees followed-up? N/A
- Variances? Yes (please explain) No N/A

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

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

R 400.14301 **Resident admission criteria; resident assessment plan; emergency admission; resident care agreement; physician's instructions; health care appraisal.**

(10) At the time of the resident's admission to the home, a licensee shall require that the resident or the resident's designated representative provide a written health care appraisal that is completed within the 90-day period before the resident's admission to the home. A written health care appraisal shall be completed at least annually. If a written health care appraisal is not available at the time of an emergency admission, a licensee shall require that the appraisal be obtained not later than 30 days after admission. A department health care appraisal form shall be used unless prior authorization for a substitute form has been granted, in writing, by the department.

Resident A was admitted on 07/15/21 however; his physical was completed on 10/27/20.

R 400.14312 **Resident medications.**

(4) When a licensee, administrator, or direct care staff member supervises the taking of medication by a resident, he or she shall comply with all of the following provisions:
(b) Complete an individual medication log that contains all of the following information:
(v) The initials of the person who administers the medication, which shall be entered at the time the medication is given.

Resident A's MAR for July 2022 was missing a staff initial for his morning Albuterol on 07/06/22. Resident B's MAR for July 2022 was missing a staff initial for Probiotic on 07/03/22.

R 400.14312 Resident medications.

(7) Prescription medication that is no longer required by a resident shall be properly disposed of after consultation with a physician or a pharmacist.

REPEAT VIOLATION LSR CAP APPROVED 07/14/20

Resident B's Benzonatate expired on 03/19/22 however; it had not been properly disposed of as it was still in her medication bin.

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:
 - (vii) Medical insurance.
 - (viii) Funeral provisions and preferences.
 - (b) Date of admission.

Resident A's insurance and burial provisions were not documented on his identification record. Resident B's date of admission was not documented on her identification record.

R 400.14507 Means of egress generally.

(5) A door that forms a part of a required means of egress shall be not less than 30 inches wide and shall be equipped with positive-latching, non-locking-against-egress hardware.

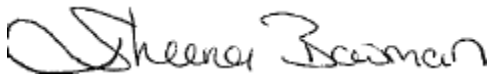
REPEAT VIOLATION LSR CAP APPROVED 07/14/20

The second egress in the AFC group home is not equipped with non-locking against egress hardware.

A corrective action plan was requested and approved on 07/06/2022. 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

07/07/22
Date