



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

ORLENE HAWKS  
DIRECTOR

July 11, 2022

G. Matthew Young  
First & Main of Bloomfield Township  
100 W. Square Lake Rd.  
Bloomfield Township, MI 48302

RE: License #: AH630370118

Dear Mr. Young:

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,

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**

<b>License #:</b>	AH630370118
<b>Licensee Name:</b>	F&M Bloomfield Township OPCO, LLC
<b>Licensee Address:</b>	#2200 2221 Health Drive, SW Wyoming, MI 49519
<b>Licensee Telephone #:</b>	(616) 248-3566
<b>Authorized Representative and Administrator:</b>	G. Matthew Young
<b>Name of Facility:</b>	First & Main of Bloomfield Township
<b>Facility Address:</b>	100 W. Square Lake Rd. Bloomfield Township, MI 48302
<b>Facility Telephone #:</b>	(248) 282-4088
<b>Original Issuance Date:</b>	01/04/2019
<b>Capacity:</b>	158
<b>Program Type:</b>	AGED ALZHEIMERS

## II. METHODS OF INSPECTION

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

Date of Bureau of Fire Services Inspection if applicable: 11/22/2021

Inspection Type: ☐ Interview and Observation ☒ Worksheet  
☐ Combination

Date of Exit Conference: 07/07/2022

No. of staff interviewed and/or observed 16

No. of residents interviewed and/or observed 22

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 plans 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:  
CAP 12/15/2021, R 325.1922 (5) and R 325.1932 (5)
- Number of excluded employees followed up? 2 N/A ☐

### III. DESCRIPTION OF FINDINGS & CONCLUSIONS

This facility was found to be in non-compliance with the following rules:	
<b>R 325.1923</b>	<b>Employee's health.</b>
	<b>(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 (<a href="http://www.cdc.gov/mmwr/pdf/rr/rr5417.pdf">http://www.cdc.gov/mmwr/pdf/rr/rr5417.pdf</a>), 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.</b>
The facility was unable to produce new hire tuberculosis screening records for any of the employee files reviewed. Per administrator and authorized representative G. Matthew Young, the former management company took possessions of those employee records without leaving any copies for the current management company.	
<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>

Resident A is prescribed Vitamin D and is instructed to take one capsule every Friday. Resident B missed his dose on 7/1/22. Staff documented the reason for the missed dose as “other” but did not notate any additional information; therefore there is no explanation or justification as to why this scheduled dose was not administered.

**REPEAT VIOLATION ESTABLISHED**

<b>R 325.1932</b>	<b>Resident medications.</b>
	<p><b>(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:</b></p> <ul style="list-style-type: none"> <li><b>(a) Be trained in the proper handling and administration of medication.</b></li> <li><b>(b) Complete an individual medication log that contains all of the following information:</b> <ul style="list-style-type: none"> <li><b>(i) The medication.</b></li> <li><b>(ii) The dosage.</b></li> <li><b>(iii) Label instructions for use.</b></li> <li><b>(iv) Time to be administered.</b></li> <li><b>(v) The initials of the person who administered the medication, which shall be entered at the time the medication is given.</b></li> <li><b>(vi) A resident's refusal to accept prescribed medication or procedures.</b></li> </ul> </li> </ul>
<p>Throughout the month of June, staff repeatedly documented that Resident B's Melatonin was not available to administer. However, there were several instances of staff intermittently documenting that the medication was administered to the resident. Mr. Young confirmed that the medication was not onsite to administer. Based on this information, the occurrences where staff documented that the medication was given is the result of repeated documentation errors.</p> <p><b>REPEAT VIOLATION ESTABLISHED</b></p>	
<b>R 325.1944</b>	<b>Employee records and work schedules.</b>
	<p><b>(1) A home shall maintain a record for each employee which shall include all of the following:</b></p> <ul style="list-style-type: none"> <li><b>(d) Summary of experience, education, and training.</b></li> </ul>

Employees A and B work at the facility as caregivers. Their files lacked evidence of pertinent job specific training.	
<b>R 325.1953</b>	<b>Menus.</b>
	<b>(1) A home shall prepare and post the menu for regular and therapeutic or special diets for the current week. Changes shall be written on the planned menu to show the menu as actually served.</b>
Weekly menus were not posted.  <b>REPEAT VIOLATION ESTABLISHED</b>	
<b>R 325.1976</b>	<b>Kitchen and dietary.</b>
	<b>(6) Food and drink used in the home shall be clean and wholesome and shall be manufactured, handled, stored, prepared, transported, and served so as to be safe for human consumption.</b>
Some perishable food items located in the walk in refrigerator and freezer lacked labeling or dating. The items in question had been removed from the manufacturer's packaging and the ages of the items could not be determined.	

#### IV. RECOMMENDATION

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



07/11/2022

Elizabeth Gregory-Weil  
Licensing Consultant

Date