



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

ORLENE HAWKS
DIRECTOR

October 18, 2022

Tamika Littleton
Pleasantry Senior Living
3262 Chenoa Street
Commerce Township, MI 48382

RE: License #: AS630411443
Pleasantry Senior Living
3262 Chenoa Street
Commerce Township, MI 48382

Dear Ms. Littleton:

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. To verify your implementation and compliance with this corrective action plan:

- You are to submit documentation of compliance or
- You are to submit a Statement of Correction.

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 cursive script that reads "Kristen Donnay".

Kristen Donnay, Licensing Consultant
Bureau of Community and Health Systems
Cadillac Place
3026 W. Grand Blvd., Ste. 9-100
Detroit, MI 48202
(248) 296-2783

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

I. IDENTIFYING INFORMATION

License #:	AS630411443
Licensee Name:	Pleasantry Senior Living
Licensee Address:	3262 Chenoa Street Commerce Township, MI 48382
Licensee Telephone #:	(586) 260-1657
Licensee Designee:	Tamika Littleton
Name of Facility:	Pleasantry Senior Living
Facility Address:	3262 Chenoa Street Commerce Township, MI 48382
Facility Telephone #:	(248) 779-7735
Original Issuance Date:	04/21/2022
Capacity:	5
Program Type:	PHYSICALLY HANDICAPPED AGED ALZHEIMERS

II. METHODS OF INSPECTION

Date of On-site Inspection(s): 10/17/2022

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

Date of Health Authority Inspection if applicable: 02/15/22

No. of staff interviewed and/or observed 1
No. of residents interviewed and/or observed 2
No. of others interviewed 1 Role: Licensee Designee

- 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.
Inspection did not occur during meal time
- 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:
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 400.14204	Direct care staff; qualifications and training.
	<p>(3) A licensee or administrator shall provide in-service training or make training available through other sources to direct care staff. Direct care staff shall be competent before performing assigned tasks, which shall include being competent in all of the following areas:</p> <ul style="list-style-type: none"> (a) Reporting requirements. (d) Personal care, supervision, and protection. (e) Resident rights. (f) Safety and fire prevention. (g) Prevention and containment of communicable diseases.

During the onsite inspection, the employee files for Manal Dababneh, Katthaleeya Kanda, and Tawanda Myles did not include verification of training.

R 400.14205	Health of a licensee, direct care staff, administrator, other employees, those volunteers under the direction of the licensee, and members of the household.
	<p>(3) A licensee shall maintain, in the home, and make available for department review, a statement that is signed by a licensed physician or his or her designee attesting to the knowledge of the physical health of direct care staff, other employees, and members of the household. The statement shall be obtained within 30 days of an individual's employment, assumption of duties, or occupancy in the home.</p>

A physician statement was not obtained within 30 days of employment for direct care worker, Manal Dababneh (hire date: 07/05/22; physical dated: 09/25/22), or Tawanda Myles (hire date: 07/05/22; physical dated: 05/25/22).

R 400.14205	Health of a licensee, direct care staff, administrator, other employees, those volunteers under the direction of the licensee, and members of the household.
	<p>(5) A licensee shall obtain written evidence, which shall be available for department review, that each direct care staff, other employees, and members of the household have been tested for communicable tuberculosis and that if the disease is present, appropriate precautions shall be taken as required by state law. Current testing shall be obtained before an individual's</p>

	employment, assumption of duties, or occupancy in the home. The results of subsequent testing shall be verified every 3 years thereafter or more frequently if necessary.
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During the onsite inspection, the employee file for Tawanda Myles did not contain verification of TB testing. The TB test results on file for Manal Dababneh were not current (hire date: 07/05/22; TB test dated: 10/16/2015).

R 400.14310	Resident health care.
	(3) A licensee shall record the weight of a resident upon admission and monthly thereafter. Weight records shall be kept on file for 2 years.

Weights were not recorded for Resident I or Resident P in August 2022.

R 400.14312	Resident medications.
	(1) Prescription medication, including dietary supplements, or individual special medical procedures shall be given, taken, or applied only as prescribed by a licensed physician or dentist. Prescription medication shall be kept in the original pharmacy-supplied container, which shall be labeled for the specified resident in accordance with the requirements of Act No. 368 of the Public Acts of 1978, as amended, being §333.1101 et seq. of the Michigan Compiled Laws, kept with the equipment to administer it in a locked cabinet or drawer, and refrigerated if required.

During the onsite inspection, Resident P's fish oil, B12, and multivitamins were set up in a weekly pill organizer and were not in the original container.

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.

During the onsite inspection, I reviewed the medication administration records (MAR) for Resident I and Resident P and noted the following:

- Resident I's July 2022 MAR was not initialed for the 8:00pm medications on 07/21/22.

- Resident I's August 2022 MAR was not initialed for the 8:00am medications on 08/23/22.
- Resident I's September 2022 MAR was not initialed for 8:00am or 8:00pm medications on 09/01/22. It was not initialed for 8:00am medications on 09/27/22.
- Resident P's August 2022 MAR was not initialed for 8:00am medications on 08/19/22, 08/21/22, or 08/26/22.
- Resident P's September 2022 MAR was not initialed for 8:00pm medications on 09/01/22.
- Resident P's September 2022 MAR was not initialed for the 9:00am dose of B12 500mg on 09/01/22, 09/09/22, 09/12/22, 09/26/22, 09/29/22, or 09/30/22.

R 400.14318	Emergency preparedness; evacuation plan; emergency transportation.
	(5) A licensee shall practice emergency and evacuation procedures during daytime, evening, and sleeping hours at least once per quarter. A record of the practices shall be maintained and be available for department review.

A fire drill was not conducted during sleeping hours for the quarter of July-September 2022.

R 400.14505	Smoke detection equipment; location; battery replacement; testing, examination, and maintenance; spacing of detectors mounted on ceilings and walls; installation requirements for new construction, conversions and changes of category.
	(4) Detectors shall be tested, examined, and maintained as recommended by the manufacturer.

During the onsite inspection, the smoke detectors could not be tested, as the licensee designee indicated that they were malfunctioning and would not turn off after being tested earlier that day.

A corrective action plan was requested and approved on 10/17/2022. 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.



10/18/2022

Kristen Donnay
Licensing Consultant

Date