



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

ORLENE HAWKS
DIRECTOR

November 29, 2022

Michele Locricchio
Anthology of Farmington Hills
30637 W 14 Mile Rd
Farmington Hills, MI 48334

RE: License #: AH630402476

Dear Ms. Locricchio:

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 #:	AH630402476
Licensee Name:	CA Senior Farmington Hills Operator, LLC
Licensee Address:	Suite 2100 130 E Randolph St Chicago, IL 60601
Licensee Telephone #:	(312) 994-1880
Authorized Representative:	Michele Locricchio
Administrator:	Kelleigh Peddy
Name of Facility:	Anthology of Farmington Hills
Facility Address:	30637 W 14 Mile Rd Farmington Hills, MI 48334
Facility Telephone #:	(248) 983-4780
Original Issuance Date:	03/30/2022
Capacity:	120
Program Type:	AGED ALZHEIMERS

II. METHODS OF INSPECTION

Date of On-site Inspection(s): 11/28/22

Date of Bureau of Fire Services Inspection if applicable:

Inspection Type: Interview and Observation Worksheet
 Combination

Date of Exit Conference: 11/29/22

No. of staff interviewed and/or observed 13

No. of residents interviewed and/or observed 38

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 the review of 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: SIR2022A1021066, CAP 11/23/22, R 325.1921 (1) (b) and MCL 333.20201 (1)
- Number of excluded employees followed up? N/A

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

This facility was found to be in non-compliance with the following administrative rules regulating home for the aged facilities:	
R 325.1921	Governing bodies, administrators, and supervisors.
	<p>(1) The owner, operator, and governing body of a home shall do all of the following:</p> <p style="padding-left: 40px;">(b) Assure that the home maintains an organized program to provide room and board, protection, supervision, assistance, and supervised personal care for its residents.</p>
At the time of my on-site inspection, I observed that Residents A had an assistive device on or about her that is commonly referred to as a “bed assist” or “U-ring” that slides underneath the mattress. The device poses a serious risk of entrapment and easily slid off when very little pressure was applied.	
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.
The facility was unable to produce evidence of a TB screen prior to admission for Residents B, C and D.	
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

	<p>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.</p>
<p>Employee A was hired on 4/25/22 and had her initial TB screen completed on 3/17/22. Employee B was hired on 10/24/22 and had her initial TB screen completed on 4/25/22.</p>	
<p>R 325.1932</p>	<p>Resident medications.</p>
	<p>(1) Medication shall be given, taken, or applied pursuant to labeling instructions or orders by the prescribing licensed health care professional.</p>
<p>Medication administration records (MAR) were reviewed for Residents B, C, D, E, F and G for the timeframe of 10/1/22-11/28/22 (date of onsite inspection) and the following observations were made:</p> <p>Resident B missed one or more doses of scheduled medication on 10/8/22, 10/10/22, 10/11/22, 10/14/22, 10/16/22, 11/3/22, 11/4/22, 11/5/22, 11/6/22, 11/7/22, 11/8/22, 11/9/22, 11/10/22, 11/11/22, 11/12/22, 11/14/22, 11/18/22, 11/19/22, 11/21/22, 11/22/22, 11/23/22, 11/24/22, 11/25/22 and 11/26/22. Facility staff either left the MAR blank and did not document a reason for the missed administrations or marked “DNG” (did not give), however provided no explanation as to why the medication(s) were not given.</p> <p>Resident C missed one or more doses of scheduled medication on 10/12/22, 10/13/22, 10/14/22, 10/15/22, 11/8/22, 11/23/22, 11/24/22, 11/25/22, 11/26/22, 11/27/22 and 11/28/22. Facility staff marked “DNG” on the MAR, however provided no explanation as to why the medication(s) were not given.</p> <p>Resident D missed one or more doses of scheduled medication on 10/13/22, 10/18/22, 10/19/22, 10/20/22, 10/21/22, 11/11/22, 11/14/22, 11/15/22, 11/16/22, 11/17/22, 11/18/22, 11/19/22, 11/20/22, 11/21/22, 11/22/22, 11/25/22 and 11/26/22. Facility staff either left the MAR blank and did not document a reason for the missed administrations or marked “DNG” on the MAR, however provided no explanation as to why the medication(s) were not given.</p> <p>Resident E missed a dose of scheduled medication on 10/20/22. Facility staff marked “DNG” on the MAR, however provided no explanation as to why the medication was not given.</p>	

Resident F missed one or more doses of scheduled medication on 11/9/22, 11/10/22, 11/11/022, 11/14/22 and 11/16/22. Facility staff marked “DNG” on the MAR, however provided no explanation as to why the medication(s) were not given.

Resident G missed multiple doses of scheduled medication on 10/20/22. Facility staff failed to document any reason for the missed doses. Staff documented that Resident G’s Vitamin C tablet was not available to administer on 10/17/22, 10/18/22, 10/19/22, 10/23/22, 10/24/22 and 10/25/22, despite documenting that the medication was administered on 10/21/22 and 10/22/22. It is not reasonable to assume that the medication can be administered in-between dates that staff documented the medication was not available. This is likely the result of a repeated documentation error. Additionally, on 10/20/22, staff failed to mark that the same medication was given and did not notate a reason for the missed dose.

R 325.1973	Heating.
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	(1) A home shall provide a safe heating system that is designed and maintained to provide a temperature of at least 72 degrees Fahrenheit measured at a level of 3 feet above the floor in rooms used by residents.
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The thermostat located in the first floor private dining area was set to 70 degrees Fahrenheit and a thermostat located in the memory care activities room was set to 71 degrees Fahrenheit.

R 325.1979	General maintenance and storage.
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	(1) The building, equipment, and furniture shall be kept clean and in good repair.
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The sink in the memory care kitchen was covered in plastic and taped off so that it could not be used.

R 325.1979	General maintenance and storage.
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	(3) Hazardous and toxic materials shall be stored in a safe manner.
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Hazardous and toxic materials (various cleaning agents and detergents) were found unsecured in the first floor bistro, memory care kitchen, memory care activities room and third floor activities room. These items are an unnecessary ingestion and subsequent poisoning risk to those residents that lack safety awareness.

[Empty rectangular box]

IV. RECOMMENDATION

Contingent upon receipt of an acceptable corrective action plan and full fire safety approval from the Bureau of Fire Services, renewal of the license is recommended.



11/29/2022

Elizabeth Gregory-Weil
Licensing Consultant

Date