



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

ORLENE HAWKS  
DIRECTOR

February 10, 2023

Julie Norman  
Farmington Hills Inn  
30350 W. Twelve Mile Road  
Farmington Hills, MI 48334

RE: License #: AH630236784  
Investigation #: 2023A0585005  
Farmington Hills Inn

Dear Ms. Norman:

Attached is the Special Investigation Report for the above referenced facility. Due to the violations identified in the report, a written corrective action plan is required. 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 time frames 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 responsible party and a date.

If you desire technical assistance in addressing these issues, please feel free to contact me. In any event, the corrective action plan is due within 15 days. Failure to submit an acceptable corrective action plan will result in disciplinary action.

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 contact the local office at (517) 284-9730.

Sincerely,

A handwritten signature in cursive script that reads "Brender Howard".

Brender Howard, Licensing Staff  
Bureau of Community and Health Systems  
611 W. Ottawa Street  
P.O. Box 30664, Lansing, MI 48909  
(313) 268-1788  
enclosure

**MICHIGAN DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
BUREAU OF COMMUNITY AND HEALTH SYSTEMS  
SPECIAL INVESTIGATION REPORT**

**I. IDENTIFYING INFORMATION**

<b>License #:</b>	AH630236784
<b>Investigation #:</b>	2023A0585005
<b>Complaint Receipt Date:</b>	10/18/2022
<b>Investigation Initiation Date:</b>	10/18/2022
<b>Report Due Date:</b>	12/17/2022
<b>Licensee Name:</b>	Alycekay Co.
<b>Licensee Address:</b>	30350 W 12 Mile Rd. Farmington Hills, MI 48334
<b>Licensee Telephone #:</b>	(248) 851-9640
<b>Authorized Representative/Administrator:</b>	Julie Norman
<b>Name of Facility:</b>	Farmington Hills Inn
<b>Facility Address:</b>	30350 W. Twelve Mile Road Farmington Hills, MI 48334
<b>Facility Telephone #:</b>	(248) 851-9640
<b>Original Issuance Date:</b>	12/29/2000
<b>License Status:</b>	REGULAR
<b>Effective Date:</b>	10/10/2022
<b>Expiration Date:</b>	10/09/2023
<b>Capacity:</b>	137
<b>Program Type:</b>	AGED ALZHEIMERS

## II. ALLEGATION(S)

	<b>Violation Established?</b>
Staff are unprofessional and swears at Resident A. The facility runs out of medical supplies and are unable to treat residents.	No
The facility does not have adequate staff at night.	Yes
The residents do not get their medication timely.	Yes
Resident meals are not being delivered to Resident A.	No
Additional Findings	No

## III. METHODOLOGY

10/18/2022	Special Investigation Intake 2023A0585005
10/18/2022	Special Investigation Initiated - Telephone Called number on the complaint. No name was noted on the complaint. A message was left.
10/18/2022	APS Referral This complaint was referred by Adult Protective Services (APS).
01/04/2023	Inspection Completed On-site Completed with observation, interview and record review.
02/10/2023	Exit Conference Conducted with authorized representative Julie Norman.

### **ALLEGATION:**

**Staff are unprofessional and swears at Resident A. The facility runs out of medical supplies and are unable to treat residents.**

### **INVESTIGATION:**

On 10/13/2022, the department received the allegations from Adult Protective Services (APS) via the BCHS Online Complaint website. The complaint alleges that the staff are unprofessional, and they swear at Resident A.

On 10/20/2022, an onsite was completed at the facility. During the onsite, administrator was not there. I interviewed assistance administrator Marsha Bain at the facility. She stated that she doesn't know, nor has she heard about staff being unprofessional. She stated that the aides take care of the needs of the residents and have not had any complaints regarding staff swearing at Resident A or any other residents. Ms. Bain stated that the facility has lots of medical supplies.

On 10/20/2022, I interviewed Employee A at the facility. Employee A stated that she takes care of the residents and she nor any staff that she knows swear at Resident A. She stated that they are always nice to all the residents even though Resident A can be difficult at times.

On 10/20/2022, I interviewed Employee B at the facility. Employee B stated that she has not heard of any staff being unprofessional and have not heard of anyone swearing at Resident A. She stated that if Resident A don't know you, she doesn't want you to care for her. She stated they try to reapproach Resident A and sometimes she will cooperate.

During the onsite, I interviewed Resident A at the facility. Resident A was orient of people, place, and her surroundings. Resident A talked a lot about different stuff that was not associated with the complaints. She didn't give a specific staff regarding them swearing at her, but only that some of the staff are "okay". She said they need to train the staff better.

On 10/20/2022, I interviewed Resident B at the facility. Resident B stated that the staff was really nice, and she don't have any issues.

On 10/20/2022, I interviewed Resident C at the facility. She stated that she doesn't have any issues with the staff and she said staff never swear at her.

During the onsite, I observed medical supplies at the facility.

<b>APPLICABLE RULE</b>	
<b>R 325.1921</b>	<b>Governing bodies, administrators, and supervisors.</b>
	<p><b>(1) The owner, operator and governing body of a home shall do all of the following:</b></p> <p><b>(a) Assume full legal responsibility for the overall conduct and operation of the home.</b></p>

<b>ANALYSIS:</b>	There is no evidence that suggest that staff are unprofessional and swears at Resident A. The facility was found to have medical supplies in stock. Therefore, this claim could not be substantiated.
<b>CONCLUSION:</b>	<b>VIOLATION NOT ESTABLISHED</b>

**ALLEGATION:**

**The facility does not have adequate staff at night.**

**INVESTIGATION:**

The complaint alleges that at night the facility does not have adequate staff and when the residents push their lights, no one comes timely.

Ms. Bain stated that the census was 74 and the facility has three shifts. The shifts consist of six care staff in the morning and afternoon, with midnight shift having three to four care staff. She stated that all of the needs of the residents are being met. Ms. Bain stated the expected respond time to call light are ten minutes or less.

Resident A stated that there is not enough staff and she staff does not answer the call light right away.

Resident B and C both stated that their needs are being met and staff are caring for their needs. They both said that staff come in a reasonable time whenever they use the call light.

Staff observed at the facility during the onsite, was consistent with Ms. Bain's statement.

A review of the September daily staffing sheet for midnight shows the following:

Date	Number of staff
9/04/2022	2
9/05/2022	2
9/15/2022	2
9/18/2022	2
9/21/2022	2
9/23/2022	1

<b>APPLICABLE RULE</b>	
<b>R 325.1931</b>	<b>Employees; general provisions.</b>
	<b>(5) The home shall have adequate and sufficient staff on duty at all times who are awake, fully dressed, and capable of providing for resident needs consistent with the resident service plans.</b>
<b>ANALYSIS:</b>	The complaint alleges that staff is short at night. The census at the facility, which includes some two persons assist. A review of the daily staffing sheet shows that on some nights, the staff was not sufficient to care for the needs of the residents. Therefore, the facility did not comply with this rule.
<b>CONCLUSION:</b>	<b>VIOLATION ESTABLISHED</b>

**ALLEGATION:**

**The residents do not get their medication timely.**

**INVESTIGATION:**

Ms. Bain stated that medication is locked in the cart but can be accessed by staff assigned to the cart. She stated that medication is given on time. She stated that when staff refuse medication it is documented. She stated that Resident A has a history of refusals.

Resident A stated that she doesn't always get her medicine. Resident A stated that the medication is locked up and the staff can't access the medication.

The medication administration record (MAR) reviewed, showed that residents were given medication as prescribed. According to the medication administration record (MAR), Resident A was given her medication, and refusals were documented on the MAR. However, the medication, busPIRone HCL 10 mg with instructions to be given one tablet a day by mouth three times daily was not given as prescribed, for example on 10/1, 10/9 and 10/10, the 2:00 dose was not given, and nothing was documented as the reason why.

Service plan for Resident A read, "Resident is independent with cognition and is A&Ox3 and can make needs known verbally. Can make healthcare and safety decision. Staff to provide supervision with some ADL's when resident needs assistance. Staff will administer all medications and maintain records of administration. Staff must administer treatments and/or monitoring procedures. Resident will not self-administer any medication and no meds will be kept at bedside

unless ordered by a physician.” The plan read; resident has a history of refusing to take her medication.

I inspected the med carts at the facility. There were no issues with the medication cart.

<b>APPLICABLE RULE</b>	
<b>R 325.1932</b>	<b>Resident medications.</b>
	<b>(2) The giving, taking, or applying of prescription medications shall be supervised by the home in accordance with the resident's service plan.</b>
<b>ANALYSIS:</b>	The medication had missed doses of medication. Based on this claim, this claim is substantiated.
<b>CONCLUSION:</b>	<b>VIOLATION ESTABLISHED</b>

**ALLEGATION:**

**Resident A meals are not being delivered.**

**INVESTIGATION:**

The complaint alleges that Resident A meals are not being delivered and she have other people bringing her food. It alleges that when they don't bring her food, she eats snacks that she has in her room.

Ms. Bain stated that Resident A refuses to come to the dining room and staff take her meals to her room. She stated that staff check with her at every meal. Ms. Bain stated that the facility offers three meals a day and snacks are set out for the residents. She stated that Resident A is very independent and makes her own decision of what she wants to eat.

Employee A stated that residents are offered three meals a day and they also have a snack counter that consists of sandwiches, oranges, and other snacks. She stated that Resident A gets her sister to bring her food because she won't eat what they give her. She stated that they cannot give her the medication (Humalog) if Resident A don't eat per doctor's orders. She stated that they encouraged her to eat.

Employee B stated that Resident A is picky about her food, and she always get her sister to bring her food.

Resident B stated that she eats in the dining room but when she doesn't feel like going, the staff bring her food to her room. She stated that there are always snacks to eat when she wants it.

<b>APPLICABLE RULE</b>	
<b>R 325.1952</b>	<b>Meals and special diets.</b>
	<b>(1) A home shall offer 3 meals daily to be served to a resident at regular meal times. A home shall make snacks and beverages available to residents.</b>
<b>ANALYSIS:</b>	This claim could not be substantiated.
<b>CONCLUSION:</b>	<b>VIOLATION NOT ESTABLISHED</b>

On 12/5/2022, an email was received from APS worker Donna Dennis. Ms. Dennis said that she was the assigned worker, and she did not substantiate the claims.

On 02/10/2023, I conducted an exit conference with licensee authorized representative Julie Norman by telephone.

**IV. RECOMMENDATION**

Contingent upon receipt of an acceptable corrective action plan, I recommend the status of the license remains unchanged.

*Brender d. Howard*

02/10/2023

Brender Howard  
Licensing Staff

Date

Approved By:

*Andrea L. Moore*

02/09/2023

Andrea L. Moore, Manager  
Long-Term-Care State Licensing Section

Date