



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

ORLENE HAWKS
DIRECTOR

April 10, 2023

Darlene Vernier
Anthology of Troy
3400 Livernois Rd
Troy, MI 48083

RE: License #: AH630398531
Investigation #: 2023A0784033
Anthology of Troy

Dear Ms. Vernier:

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.

Please review the enclosed documentation for accuracy and contact me with any questions. If 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 "Aaron L. Clum".

Aaron Clum, Licensing Staff
Bureau of Community and Health Systems
611 W. Ottawa Street
P.O. Box 30664
Lansing, MI 48909
(517) 230-2778

enclosure

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

I. IDENTIFYING INFORMATION

License #:	AH630398531
Investigation #:	2023A0784033
Complaint Receipt Date:	02/10/2023
Investigation Initiation Date:	02/13/2023
Report Due Date:	04/11/2023
Licensee Name:	CA Senior Troy Operator, LLC
Licensee Address:	3400 Livernois Rd Troy, MI 48083
Licensee Telephone #:	(312) 994-1880
Administrator/Authorized Representative:	Darlene Vernier
Name of Facility:	Anthology of Troy
Facility Address:	3400 Livernois Rd Troy, MI 48083
Facility Telephone #:	(248) 528-8001
Original Issuance Date:	04/29/2020
License Status:	REGULAR
Effective Date:	10/19/2022
Expiration Date:	10/18/2023
Capacity:	103
Program Type:	ALZHEIMERS AGED

II. ALLEGATION(S)

	Violation Established?
Resident A was denied visitation	Yes
Additional Findings	No

III. METHODOLOGY

02/10/2023	Special Investigation Intake 2023A0784033
02/13/2023	Special Investigation Initiated - On Site
02/13/2023	Inspection Completed On-site
02/13/2023	Exit Conference Conducted with administrator/authorized representative Darlene Vernier at the facility

ALLEGATION:

Resident A was denied visitation

INVESTIGATION:

On 2/10/2023, the department received this complaint. On 1/21/2023, Relative A1

According to the complaint, on 1/21/2023, Relative A1 was denied visitation with Resident A against Resident A's wishes by administrator Darlene Vernier. Relative A2, also the power of attorney, instructed Ms. Vernier not to allow the visitation based on a "long standing vendetta".

On 2/13/2023, I interviewed administrator Darlene Vernier and director of health and wellness Shelby Simms at the facility. Ms. Vernier explained that Resident A is a person diagnosed with dementia and does not maintain new short-term memories. Ms. Vernier stated Relative A1 is her power of attorney (POA) and makes decisions on her behalf due to her physician's recommendation that, as the appointed POA, assist her in making decisions on her behalf in her best interest. Ms. Simms stated Resident A has also been evaluated by a PHD with *SENIORS WELLNESS GROUP* who she stated also came to a similar conclusion as Resident A's physician. Ms. Vernier stated Relative A1 is very conscientious of Resident A's care and visits regularly throughout the week. Ms. Vernier stated Relative A1 has discussed with

her and Ms. Simms that he has received calls from Resident A, after visits from Relative A2, on several occasions, and was in distress due to Relative A2 reportedly telling Resident A she did not understand why she was being made to live at the facility and that Resident A should not be there. Ms. Vernier stated that because Resident A does not remember why she is there, this caused her stress and anxiety, as reported by Relative A1, each time Relative A2 visits. Ms. Vernier stated that because of this, she and Ms. Simms recently met with Relative A1 who requested the facility not allow Relative A2 to visit. Ms. Vernier stated this request was also made in writing. Ms. Vernier stated that due to the statements provided by Relative A1, the facility has honored his request in the best interest of Resident A. Ms. Vernier and Ms. Simms both reported that had not personally observed the reported comments by Relative A2 and that no staff have reported hearing such comments, but also reported this is due to the effort made to honor Resident A's privacy with her visitors.

On 2/13/2023, I interviewed Resident A at the facility. Resident A appeared clean and well-groomed and had a pleasant demeanor. Resident A was communicated effectively when asked questions. Resident A stated she is very familiar with Relative A2 and reported she would like Relative A2 to be able to visit her. Resident A reported she could not recall the last time Relative A2 stated "It has been quite a while since I've seen her".

I reviewed an email, provided by Ms. Vernier, sent from Relative A1 to Ms. Simms and Ms. Vernier which read consistently with the statements they provided. The email confirms the wishes for discontinued visitation with Relative A2 due to the visitations causing "tremendous confusion by directly contradicting the guidance that we are giving [Resident A] to keep her safe, healthy and happy".

I reviewed *DURABLE GENERAL POWER OF ATTORNEY* documentation, provided by Ms. Vernier, which confirmed Relative A1 is Resident A's appointed power of attorney.

I reviewed a letter from Resident A's physician (physician 1), provided by Ms. Vernier. The letter was dated 1/12/2023 and read, in part, "[Resident A] has dementia that impairs her ability to make meaningful or financial decisions on her own. She requires assistance with her basic activities of daily living as well as instrumental activities of daily living. I recommend that her power of attorney or guardian assist in making medical and financial decisions".

I reviewed an evaluation completed by [PhD 1] from *SENIOR WELLNESS GROUP* for Resident A, dated 1/30/2023, provided by Ms. Vernier which read consistently with statements provided by Ms. Vernier and Ms. Simms. Under a section titled *Disposition*, the report read, "Resident seen at Anthology of Try assisted living to evaluate capacity. Resident had preexisting diagnosis of dementia at the time of this evaluation. Resident is still able to engage in basic conversation and express basic needs, but short-term memory is very poor, and she is not familiar with her current

medical or financial situation. She currently appears to LACK capacity for medical decision-making and lacks capacity to handle personal/financial affairs. Given her diagnosis and presentation, she is unlikely to improve to the level of independent functioning again at this point”.

APPLICABLE RULE	
MCL 333.20201	Policy describing rights and responsibilities of patients or residents
	<p>(3) The following additional requirements for the policy described in subsection (2) apply to licensees under parts 213 and 217:</p> <p>(b) Each nursing home patient may associate and communicate privately with persons of his or her choice. Reasonable, regular visiting hours, which shall be not less than 8 hours per day, and which shall take into consideration the special circumstances of each visitor, shall be established for patients to receive visitors. A patient may be visited by the patient's attorney or by representatives of the departments named in section 20156, during other than established visiting hours. Reasonable privacy shall be afforded for visitation of a patient who shares a room with another patient. Each patient shall have reasonable access to a telephone. A married nursing home patient or home for the aged resident is entitled to meet privately with his or her spouse in a room that assures privacy. If both spouses are residents in the same facility, they are entitled to share a room unless medically contraindicated and documented in the medical record by the attending physician or a physician's assistant to whom the physician has delegated the performance of medical care services.</p>

ANALYSIS:	The complaint alleged Relative A2 was not allowed to visit Resident A. The investigation confirmed that the facility did disallow visitation from Relative A2 upon request from POA do to Relative A2's visitation reportedly causing distress for Resident A after each of her visits. While it appears, there may be legitimate reason for concern regarding Relative A2's visitation and a sincere effort to protect Resident A in discontinuing visitation, the facility has not provided sufficient evidence to support such a unilateral decision. Additionally, under the circumstances, it is incumbent upon the facility to at least attempt alternative methods of visitation in order to honor Resident A's right to such visits, before discontinuing visitation altogether. Based on the findings, the facility is not in compliance with this rule.
CONCLUSION:	VIOLATION ESTABLISHED

IV. RECOMMENDATION

Upon receipt of an acceptable corrective action plan, it is recommended that the status of the license remain unchanged.

Aaron L Clum

3/09/2023

Aaron Clum
Licensing Staff

Date

Approved By:

Andrea L Moore

04/10/2023

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

Date