



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

ORLENE HAWKS
DIRECTOR

April 26, 2023

Mark Walker
The Pines of Clarkston
7550 Dixie Hwy
Clarkston, MI 48346

RE: License #: AH630382729
Investigation #: 2023A1019032
The Pines of Clarkston

Dear Mr. Walker:

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. 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
SPECIAL INVESTIGATION REPORT**

I. IDENTIFYING INFORMATION

License #:	AH630382729
Investigation #:	2023A1019032
Complaint Receipt Date:	03/07/2023
Investigation Initiation Date:	03/07/2023
Report Due Date:	05/06/2023
Licensee Name:	Premier Operating Clarkston AL, LLC
Licensee Address:	245 Park Ave, 39th Floor New York, NY 10167
Licensee Telephone #:	(212) 739-0794
Administrator:	Ruby Mogensen
Authorized Representative:	Mark Walker,
Name of Facility:	The Pines of Clarkston
Facility Address:	7550 Dixie Hwy Clarkston, MI 48346
Facility Telephone #:	(248) 922-7000
Original Issuance Date:	03/28/2017
License Status:	REGULAR
Effective Date:	09/26/2022
Expiration Date:	09/25/2023
Capacity:	30
Program Type:	AGED

II. ALLEGATION(S)

	Violation Established?
Private and confidential resident information was not kept secured.	Yes
Background checks are not consistently being completed for new hires.	Yes
Resident service plans are outdated.	Yes
TB screens not consistently being completed for new hires.	Yes
Improper medication disposal procedures.	No
Public areas being used for furniture storage.	Yes
Ceiling ventilation is not working properly.	Yes
Water temperatures are not being checked.	Yes
Sanitary concerns in the commercial kitchen.	Yes
Facility dish machine isn't working.	No
Facility ice machine isn't working.	Yes
The building is not in good repair.	Yes
Soap and towels aren't available in restrooms.	No
Additional Findings	Yes

III. METHODOLOGY

03/07/2023	Special Investigation Intake 2023A1019032
03/07/2023	Special Investigation Initiated - Telephone Called complainant to conduct phone interview, left voicemail requesting return phone call.
03/13/2023	Contact - Telephone call made

	Second phone attempt to reach complainant, voicemail left requesting return phone call.
03/15/2023	Contact - Telephone call received Call received from complainant, interview conducted.
03/15/2023	Inspection Completed On-site
03/15/2023	Inspection Completed-BCAL Sub. Compliance
03/15/2023	APS Referral Notified via email.

The complainant identified some concerns that were not related to licensing rules and statutes for a home for the aged. Therefore, only specific items pertaining to homes for the aged provisions of care were considered for investigation. The following items were those that could be considered under the scope of licensing.

ALLEGATION:

Private and confidential resident information was not being kept secured.

INVESTIGATION:

On 3/7/23, the department received a complaint alleging that the facility was violating HIPAA (health insurance portability and accountability act) by leaving out resident's private information. The complainant did not provide names of residents who were allegedly affected.

On 3/15/23, I conducted an onsite inspection. I walked through the facility, throughout all common and private resident areas. I observed a large box full of papers in an unlocked cabinet in one of the hallways of the facility. This box contained private and confidential information of multiple residents including but not limited to resident full names, birthdates, physician orders, treatment, and progress notes.

APPLICABLE RULE	
MCL 333.20201	Policy describing rights and responsibilities of patients or residents;
	(1) A health facility or agency that provides services directly to patients or residents and is licensed under this

	<p>article shall adopt a policy describing the rights and responsibilities of patients or residents admitted to the health facility or agency. Except for a licensed health maintenance organization, which shall comply with chapter 35 of the insurance code of 1956, 1956 PA 218, MCL 500.3501 to 500.3580, the policy shall be posted at a public place in the health facility or agency and shall be provided to each member of the health facility or agency staff. Patients or residents shall be treated in accordance with the policy.</p>
<p>For Reference MCL 333.20201</p>	<p>(2) The policy describing the rights and responsibilities of patients or residents required under subsection (1) shall include, as a minimum, all of the following:</p> <p>(d) A patient or resident is entitled to privacy, to the extent feasible, in treatment and in caring for personal needs with consideration, respect, and full recognition of his or her dignity and individuality.</p>
<p>ANALYSIS:</p>	<p>Documents containing protected health information was left unsecured in the facility.</p>
<p>CONCLUSION:</p>	<p>VIOLATION ESTABLISHED</p>

ALLEGATION:

Background checks are not consistently being completed for new hires.

INVESTIGATION:

The complaint alleged that not all employees are receiving background checks upon hire. While onsite, I selected five employee files for review. Two employee files, Employees 1 and 2, lacked evidence that a criminal history check was completed.

APPLICABLE RULE	
<p>MCL 333.20173</p>	<p>Covered facility; employees or applicants for employment; prohibitions; criminal history check;</p>
	<p>(1) Except as otherwise provided in subsection (2), a covered facility shall not employ,</p>

independently contract with, or grant clinical privileges to an individual who regularly has direct access to or provides direct services to patients or residents in the covered facility if the individual satisfies 1 or more of the following:

(a) Has been convicted of a relevant crime described under 42 USC 1320a-7(a).

(b) Has been convicted of any of the following felonies, an attempt or conspiracy to commit any of those felonies, or any other state or federal crime that is similar to the felonies described in this subdivision, other than a felony for a relevant crime described under 42 USC 1320a-7(a), unless 15 years have lapsed since the individual completed all of the terms and conditions of his or her sentencing, parole, and probation for that conviction before the date of application for employment or clinical privileges or the date of the execution of the independent contract:

(i) A felony that involves the intent to cause death or serious impairment of a body function, that results in death or serious impairment of a body function, that involves the use of force or violence, or that involves the threat of the use of force or violence.

(ii) A felony involving cruelty or torture.

(iii) A felony under chapter XXA of the Michigan penal code, 1931 PA 328, MCL 750.145m to 750.145r.

(iv) A felony involving criminal sexual conduct.

(v) A felony involving abuse or neglect.

(vi) A felony involving the use of a firearm or dangerous weapon.

(vii) A felony involving the diversion or adulteration of a prescription drug or other medications.

(c) Has been convicted of a felony or an attempt or conspiracy to commit a felony, other than a felony for a relevant crime described under 42 USC 1320a-7(a) or a felony described under subdivision (b), unless 10 years have lapsed since the individual completed all of the terms and conditions of his or her sentencing, parole, and probation for that conviction prior to the date of application for employment or clinical privileges or the date of the execution of the independent contract.

(d) Has been convicted of any of the following misdemeanors, other than a misdemeanor for a relevant crime described under 42 USC 1320a-7(a), or a state or federal crime that is substantially similar to the

misdemeanors described in this subdivision, within the 10 years immediately preceding the date of application for employment or clinical privileges or the date of the execution of the independent contract:

(i) A misdemeanor involving the use of a firearm or dangerous weapon with the intent to injure, the use of a firearm or dangerous weapon that results in a personal injury, or a misdemeanor involving the use of force or violence or the threat of the use of force or violence.

(ii) A misdemeanor under chapter XXA of the Michigan penal code, 1931 PA 328, MCL 750.145m to 750.145r.

(iii) A misdemeanor involving criminal sexual conduct.

(iv) A misdemeanor involving cruelty or torture unless otherwise provided under subdivision (e).

(v) A misdemeanor involving abuse or neglect.

(e) Has been convicted of any of the following misdemeanors, other than a misdemeanor for a relevant crime described under 42 USC 1320a-7(a), or a state or federal crime that is substantially similar to the misdemeanors described in this subdivision, within the 5 years immediately preceding the date of application for employment or clinical privileges or the date of the execution of the independent contract:

(i) A misdemeanor involving cruelty if committed by an individual who is less than 16 years of age.

(ii) A misdemeanor involving home invasion.

(iii) A misdemeanor involving embezzlement.

(iv) A misdemeanor involving negligent homicide or a violation of section 601d(1) of the Michigan vehicle code, 1949 PA 300, MCL 257.601d.

(v) A misdemeanor involving larceny unless otherwise provided under subdivision (g).

(vi) A misdemeanor of retail fraud in the second degree unless otherwise provided under subdivision (g).

(vii) Any other misdemeanor involving assault, fraud, theft, or the possession or delivery of a controlled substance unless otherwise provided under subdivision (d), (f), or (g).

(f) Has been convicted of any of the following misdemeanors, other than a misdemeanor for a relevant crime described under 42 USC 1320a-7(a), or a state or federal crime that is substantially similar to the misdemeanors described in this subdivision, within the 3 years immediately preceding the date of application

	<p>for employment or clinical privileges or the date of the execution of the independent contract:</p> <p><i>(i)</i> A misdemeanor for assault if there was no use of a firearm or dangerous weapon and no intent to commit murder or inflict great bodily injury.</p> <p><i>(ii)</i> A misdemeanor of retail fraud in the third degree unless otherwise provided under subdivision (g).</p> <p><i>(iii)</i> A misdemeanor under part 74 unless otherwise provided under subdivision (g).</p> <p>(g) Has been convicted of any of the following misdemeanors, other than a misdemeanor for a relevant crime described under 42 USC 1320a-7(a), or a state or federal crime that is substantially similar to the misdemeanors described in this subdivision, within the year immediately preceding the date of application for employment or clinical privileges or the date of the execution of the independent contract:</p> <p><i>(i)</i> A misdemeanor under part 74 if the individual, at the time of conviction, is under the age of 18.</p> <p><i>(ii)</i> A misdemeanor for larceny or retail fraud in the second or third degree if the individual, at the time of conviction, is under the age of 16.</p> <p>(h) Is the subject of an order or disposition under section 16b of chapter IX of the code of criminal procedure, 1927 PA 175, MCL 769.16b.</p> <p>(i) Engages in conduct that becomes the subject of a substantiated finding of neglect, abuse, or misappropriation of property by a state or federal agency under an investigation conducted in accordance with 42 USC 1395i-3 or 1396r.</p>
ANALYSIS:	Proof of background checks were not found in two employee files.
CONCLUSION:	VIOLATION ESTABLISHED

ALLEGATION:

Resident service plans are outdated.

INVESTIGATION:

The complaint alleged that resident service plans were outdated and being used “inconsistently”; no additional information was provided. All resident service plans were reviewed, I observed that the plans lacked dates of when the most recent version was updated for those applicable residents who resided at the facility longer than one year. Ms. Mogensen reported that her corporate office advised her not to include a date and was instructed to only list when the service plan should be reviewed next. I also observed that for those residents who resided at the facility under a year and did not meet criteria for an annual update, those plans also did not identify the date of when they were created.

APPLICABLE RULE	
R 325.1922	Admission and retention of residents.
	(5) A home shall update each resident's service plan at least annually or if there is a significant change in the resident's care needs. Changes shall be communicated to the resident and his or her authorized representative, if any.
ANALYSIS:	Review of all resident service plans revealed that they were not dated to reflect when they were updated and/or initiated.
CONCLUSION:	VIOLATION ESTABLISHED

ALLEGATION:

TB screens not consistently being completed for new hires.

INVESTIGATION:

The complaint alleged that not all employees are receiving tuberculosis screenings upon hire. While onsite, I selected five employee files for review. Two employee files, Employees 1 and 2, lacked evidence that they were screened for TB during their onboarding process.

APPLICABLE RULE	
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 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.
ANALYSIS:	Proof of TB screens were not found in two employee files.
CONCLUSION:	VIOLATION ESTABLISHED [for reference, see licensing study report (LSR) dated 09/17/2019 and special investigation report (SIR) 2019A1019024]

ALLEGATION:

Improper medication disposal procedures.

INVESTIGATION:

The complaint alleged that there wasn't a formalized procedure for discarding of unused medications.

Administrator Ruby Mogensen reported that the standard procedure for discarding medication no longer needed is as follows:

- Medications immediately removed from the cart and secured in the closet located in the administrator's office.
- Ms. Mogensen, along with a witness will take the medication and place it in a mixture of kitty litter, water, dish soap and coffee grounds to dissolve the medication.

- Both staff members sign a med disposal sheet that identifies the name, dosage, date, quantity and disposal method used.
- Once dissolved, the medications are put in a biohazard bag located in a locked closet and removed from the premises.

Following my onsite, a request was made for a written copy of the facility's policy on medication disposal. The policy provided outlined the steps Ms. Mogensen attested to.

APPLICABLE RULE	
R 325.1932	Resident medications.
	(6) Prescription medication that is no longer required by a resident shall be properly disposed of after consultation with a licensed health care professional or a pharmacist.
ANALYSIS:	The facility demonstrated a protocol in place for the destruction of medication. I did not observe practices that were inconsistent with their policy.
CONCLUSION:	VIOLATION NOT ESTABLISHED

ALLEGATION:

Public areas being used for furniture storage.

INVESTIGATION:

The complaint alleged that the movie theater, café and unoccupied rooms are full of junk and could pose a safety hazard to residents.

I observed that the movie theater contained excess furniture, a housekeeping cart, resident bedding, medical equipment, a ladder and employee's personal items such as purses. There were several vacant resident rooms that had not been cleaned out and being used as storage. All rooms where these unnecessary items were being housed were not locked and located in areas of the building that could be accessible by all residents and visitors.

APPLICABLE RULE	
R 325.1964	Interiors.
	(2) A part of a building in use as a home shall not be used for any purpose which interferes with the care, well-being, and safety of residents, personnel, and visitors.
ANALYSIS:	Common areas and unused resident rooms were being used for storage and did not promote a safe environment for those living at or visiting the facility.
CONCLUSION:	VIOLATION ESTABLISHED

ALLEGATION:

Ceiling ventilation is not working properly.

INVESTIGATION:

The complaint alleged that the ventilation fans were not working in most resident rooms. While onsite, exhaust ventilation was checked in all resident rooms and it was noted to not be functioning in the following areas: resident rooms 17-26, the whirlpool spa room and the “staff” bathroom which was missing the vent entirely. The facility could not demonstrate how often, if at all, that the ventilation is checked and did not provide documentation upon request.

APPLICABLE RULE	
R 325.1964	Interiors.
	(9) Ventilation shall be provided throughout the facility in the following manner: (a) A room shall be provided with a type and amount of ventilation that will control odors and contribute to the comfort of occupants. (b) Bathing rooms, beauty shops, toilet rooms, soiled linen rooms, janitor closets, and trash holding rooms shall be provided with a minimum of 10 air changes per hour of continuously operated exhaust ventilation that provide discernable air flow into each of these rooms.

ANALYSIS:	Continuous exhaust ventilation was not functioning properly throughout the facility.
CONCLUSION:	VIOLATION ESTABLISHED

ALLEGATION:

Water temperatures are not being checked.

INVESTIGATION:

The complaint alleged that water temperatures were not being checked in early 2023. The facility could not demonstrate how often, if at all, that the water temperatures are checked within resident accessible areas and did not provide documentation upon request. While onsite, water temperatures were taken in 50% of resident rooms along with a few additional common areas; all temperatures were within the 105-120 degrees Fahrenheit range.

APPLICABLE RULE	
R 325.1970	Water supply systems.
	(7) The temperature of hot water at plumbing fixtures used by residents shall be regulated to provide tempered water at a range of 105 to 120 degrees Fahrenheit.
ANALYSIS:	Although temperatures were within range during the onsite visit, the facility could not demonstrate that water temperatures were being monitored to ensure that the temperatures remain at safe levels.
CONCLUSION:	VIOLATION ESTABLISHED

ALLEGATION:

Sanitary concerns in the commercial kitchen.

INVESTIGATION:

The complainant alleged that there were numerous concerns pertaining the cleanliness of the kitchen. While onsite, the kitchen was inspected. The refrigerator

and freezer contained items that lacked proper labeling, dating, or sealing. These items included but were not limited to dry goods, packaged cheese, frozen waffles, French fries, bread, and meat products.

APPLICABLE RULE	
R 325.1976	Kitchen and dietary.
	(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.
ANALYSIS:	The facility could not ensure all perishable food items were safe for human consumption based on improper storing and the unknown age of the food items.
CONCLUSION:	REPEAT VIOLATION ESTABLISHED [for reference, see special investigation report (SIR) 2020A1019062, licensing study report (LSR) dated 09/11/2020 and LSR dated 9/19/2019]

ALLEGATION:

Facility dish machine isn't working.

INVESTIGATION:

The complaint alleged that the dishwasher was constantly not working properly. While onsite, I interviewed Employee 3 who worked in the kitchen full time, six days per week. Employee 3 reported that the water temperature in the dish machine does not reach the minimum temperature needed to properly sanitize the dishes. Employee 3 reported that the temperature needed is 180 degrees Fahrenheit when rinsing the dishes but attested that the water temperatures only gets to about 120 degrees. Employee 3 reported that water temperatures are taken and recorded three times daily. Employee 3 provided me with the log that the temperatures are recorded on, and I observed that the rinse temperature never exceeded 123 degrees Fahrenheit from 3/1/23-3/15/23.

During follow up correspondence with authorized representative Mark Walker, Mr. Walker reported that the dish machine is actually a low temperature machine, and that Employee 3 was using the incorrect form to record the temperatures on.

APPLICABLE RULE	
R 325.1976	Kitchen and dietary.
	(13) A multi-use utensil used in food storage, preparation, transport, or serving shall be thoroughly cleaned and sanitized after each use and shall be handled and stored in a manner which will protect it from contamination.
ANALYSIS:	Documented temperatures for the dish machine were within desired range for a low temperature machine.
CONCLUSION:	VIOLATION NOT ESTABLISHED

ALLEGATION:

Facility ice machine isn't working.

INVESTIGATION:

The complaint alleged that there were safety concerns pertaining to the ice maker, however those concerns couldn't be addressed until "contractors were paid". The specific concerns over the icemaker were not disclosed.

During my onsite, Employee 3 reported that the ice machine had not worked in "at least two months" and stated that management was aware of the issue. During this time, ice was not made available to residents. I observed that the ice machine was empty and not functioning.

APPLICABLE RULE	
R 325.1976	Kitchen and dietary.
	(15) Ice used in the home for any purpose shall be manufactured, stored, transported, and handled in a sanitary manner.

ANALYSIS:	The facility ice maker was broken, and residents did not have access to ice.
CONCLUSION:	VIOLATION ESTABLISHED

ALLEGATION:

The building is not in good repair.

INVESTIGATION:

The complaint alleged numerous building issues such as broken toilets, unclean furniture, leaking roof and mold. While onsite, the following observations were made: A night stand found in the main living room appeared to be warped from water damage, the fabric on some of the couches and chairs was stained, resident room #8 had broken toilet, toilets in resident rooms 9, 12, 16, 16, 19 and 25 were very dirty and contained visible fecal staining, resident room #1 had a broken sink (a large hole can be seen through the porcelain sink bowl), resident rooms 4, 7, 8, 9, 12, 16, 17, 18 and the “staff” bathroom (which is also used by public visitors) had missing or malfunctioning drain stoppers in the sink, resident room #9 had a missing toilet paper holder that appeared to have been entirely broken off of the wall, the laundry room, kitchen and beauty salon had broken cabinets (some were completely detached or left dangling on one hinge), the shower floor in room #6 was missing a chunk near the drain which resulted in the exposure of raw materials, significant drywall damage was found near the window in resident room #26, the laundry room sink was visibly dirty and the faucet was broken (had a constant flow of running water that could not be turned off), the sink in the commercial kitchen was visibly dirty and underneath the sink was coated in filth and had obvious water damage, the soap and paper towel dispensers were broken in the “staff” bathroom and resident room #25 had a broken bathroom vanity and was missing a shower head.

Ms. Mogensen reported that the facility’s roof was replaced in 2019 but that there have been various roof leaks for “at least a year”. I observed evidence of leaks in the living room ceiling, dining room ceiling, café ceiling, resident room #3 had significant damage to the drywall near the window, which was bowing and had deteriorated, resident room #11 had water staining near the window, resident room #15 had water staining on the ceiling and room #26 had water staining on the bathroom ceiling.

APPLICABLE RULE	
R 325.1979	General maintenance and storage.
	(1) The building, equipment, and furniture shall be kept clean and in good repair.
ANALYSIS:	The facility was found to be unclean and in disrepair throughout resident and common areas.
CONCLUSION:	REPEAT VIOLATION ESTABLISHED [for reference, see licensing study report (LSR) dated 09/11/2020]

ALLEGATION:

Soap and towels aren't available in restrooms.

INVESTIGATION:

The complaint alleged that employees and visitors did not have soap or towels to use in their restroom. While onsite, I observed liquid soap and paper towels in the staff/visitor restroom.

APPLICABLE RULE	
R 325.1980	Soap and towels.
	Soap and single use towels shall be available for the use of employees and visitors. Use of the common towel is prohibited.
ANALYSIS:	I directly observed soap and disposable towels in the restroom in question.
CONCLUSION:	VIOLATION NOT ESTABLISHED

ADDITIONAL FINDING:

INVESTIGATION:

While onsite, I observed bed rails on Resident A's bed. The rails were loose and contained gapping large enough to cause entrapment or entanglement. Ms. Mogensen was unaware how long the bed rails had been in Resident A's room and did not know who put them on the bed. During the exit conference, authorized representative Mark Walker stated that bed rails were not permitted in the facility.

APPLICABLE RULE	
R 325.1921	Governing bodies, administrators, and supervisors.
	(1) The owner, operator, and governing body of a home shall do all of the following: (b) Assure that the home maintains an organized program to provide room and board, protection, supervision, assistance, and supervised personal care for its residents.
ANALYSIS:	The facility lacked an organized protocol to ensure the safe use of bed rails and per facility policy, they do not allow bedrails.
CONCLUSION:	VIOLATION ESTABLISHED

ADDITIONAL FINDING:

INVESTIGATION:

Multiple resident rooms contained various items, including clothing, furniture, and other personal belongings, that remained in the rooms long after the residents were discharged.

APPLICABLE RULE	
R 325.1935	Bedding, linens and clothing.
	(4) Rooms and all items in them shall be completely cleaned following the discharge of each resident.

ANALYSIS:	Rooms were not being cleaned in a timely manner following a resident's discharge.
CONCLUSION:	VIOLATION ESTABLISHED

ADDITIONAL FINDINGS:

INVESTIGATION:

Two employee, Employees 1 and 2, records requested could not be located during my onsite inspection.

APPLICABLE RULE	
R 325.1944	Employee records.
	<p>(1) A home shall maintain a record for each employee, which shall include all of the following:</p> <p>(a) Name, address, telephone number, and social security number.</p> <p>(b) License or registration number, if applicable.</p> <p>(c) Date of birth.</p> <p>(d) Summary of experience, education, and training.</p> <p>(e) Beginning date of employment and position for which employed.</p> <p>(f) References, if provided.</p> <p>(g) Results of initial TB screening as required by R 325.1923(2).</p> <p>(h) Date employment ceases and reason or reasons for leaving, if known.</p> <p>(i) Criminal background information, consistent with section 20173a, MCL 333.20173a, of the code.</p>
ANALYSIS:	Employee files were not available upon request.
CONCLUSION:	VIOLATION ESTABLISHED

ADDITIONAL FINDING:

INVESTIGATION:

While onsite, I made the following observations:

- Resident rooms #3 was 67 degrees Fahrenheit
- Resident room #21 was 68 degrees Fahrenheit
- Resident room #15 was 69 degrees Fahrenheit
- Resident rooms # 1, 4, 7, 8, 14, 16, 17 and 25 were 70 degrees Fahrenheit

APPLICABLE RULE	
R 325.1973	Heating.
	<p>(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.</p> <p>(2) A resident's own room or rooms in the home shall be maintained at a comfortable temperature.</p>
ANALYSIS:	Temperatures were maintained below 72 degrees Fahrenheit in several resident occupied areas.
CONCLUSION:	VIOLATION ESTABLISHED

ADDITIONAL FINDING:

INVESTIGATION:

The refrigerators in resident rooms #11, #21 and #23 were missing thermometers. Perishable food and drink items were located in all three refrigerators.

APPLICABLE RULE	
R 325.1976	Kitchen and dietary.
	(8) A reliable thermometer shall be provided for each refrigerator and freezer.

ANALYSIS:	Thermometers were missing from three resident occupied refrigerators.
CONCLUSION:	VIOLATION ESTABLISHED

ADDITIONAL FINDING:

INVESTIGATION:

In the commercial kitchen, I observed a dry goods container with a scoop inside of it with the handle buried within the container’s contents. It was clear that the scoop was left in the container permanently and was not being sanitized or replaced after each use.

APPLICABLE RULE	
R 325.1976	Kitchen and dietary.
	(13) A multi-use utensil used in food storage, preparation, transport, or serving shall be thoroughly cleaned and sanitized after each use and shall be handled and stored in a manner which will protect it from contamination.
ANALYSIS:	Utensils are not being sanitized after each use.
CONCLUSION:	REPEAT VIOLATION ESTABLISHED [for reference, see licensing study report (LSR) dated 09/11/2020]

IV. RECOMMENDATION

A corrective action plan is recommended. The corrective action plan must encompass a detailed review of the facility’s policies, procedures, staff training curriculum, and administrative oversight practices to identify weaknesses and potential cause of staff:

- i. Not ensuring protected health information is secured.
- ii. Not ensuring service plans are reviewed annually.
- iii. Not ensuring background checks and TB screens are completed for newly hired staff.

- iv. Not ensuring a safe living environment for residents by haphazardly storing items in unauthorized areas.
- v. Not ensuring ventilation is functioning properly in required areas.
- vi. Not ensuring an organized maintenance program.
- vii. Not ensuring sanitary conditions in the commercial kitchen.
- viii. Not ensuring upkeep and repairs of the building.
- ix. Not ensuring safe practices involving bedside assistive devices.
- x. Not ensuring resident rooms are cleaned timely after the room is vacated.
- xi. Not ensuring the availability of employee files.
- xii. Not ensuring that room temperatures are maintained at required levels.
- xiii. Not ensuring resident refrigerators/freezers can safely store food and drink items.

It is advisable that the licensee seek guidance from an outside, third party source for review and revision of policies and procedures. It is recommended that the licensee contract with a licensed provider(s) to address all building repairs and provide evidence to the department when the full scope of work is complete. The corrective action plan must outline sustainable and measurable follow up procedures to ensure that ongoing compliance is achieved.



04/05/2023

Elizabeth Gregory-Weil
Licensing Staff

Date

Approved By:



04/26/2023

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

Date