



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

ORLENE HAWKS
DIRECTOR

February 27, 2023

Rowan Farber
Sunrise of North Farmington Hills
29681 Middlebelt Road
Farmington Hills, MI 48334

RE: License #: AH630407346
Investigation #: 2023A1021029
Sunrise of North Farmington Hills

Dear Mr. Farber:

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 authorized representative 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 "Kimberly Horst".

Kimberly Horst, Licensing Staff
Bureau of Community and Health Systems
611 W. Ottawa Street
Lansing, MI 48909

enclosure

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

I. IDENTIFYING INFORMATION

License #:	AH630407346
Investigation #:	2023A1021029
Complaint Receipt Date:	09/23/2022
Investigation Initiation Date:	02/01/2023
Report Due Date:	04/23/2022
Licensee Name:	SJV 2 N Farmington OpCo LLC
Licensee Address:	250 Vesey St., 15th Floor New Yoark, NY 10281
Licensee Telephone #:	(248) 538-9200
Administrator:	Dorothy Harold
Authorized Representative:	Rowan Farber
Name of Facility:	Sunrise of North Farmington Hills
Facility Address:	29681 Middlebelt Road Farmington Hills, MI 48334
Facility Telephone #:	(248) 538-9200
Original Issuance Date:	06/07/2021
License Status:	REGULAR
Effective Date:	12/07/2022
Expiration Date:	12/06/2023
Capacity:	75
Program Type:	ALZHEIMERS AGED

II. ALLEGATION(S)

	Violation Established?
Resident A received inadequate care.	No
Additional Findings	Yes

III. METHODOLOGY

09/23/2022	Special Investigation Intake 2023A1021029
02/01/2023	Special Investigation Initiated - Telephone interviewed administrator by telephone
02/02/2023	Contact-Document Received Received Resident A's documents
02/09/2023	Contact - Telephone call made interviewed Heart to Heart Hospice
02/19/2023	Contact-Telephone call made Interviewed staff person 1
01/13/2023	Contact-Telephone call made Interviewed SP2
02/27/2023	Exit Conference Exit Conference with authorized representative

ALLEGATION:

Resident A received inadequate care.

INVESTIGATION:

On 09/23/2022, the licensing department received a complaint from Adult Protective Services (APS) with allegations Resident A received inadequate care. The complainant alleged Resident A had multiple bedsores and is left in bed. The complainant alleged caregivers are not competent to rotate Resident A in his bed. The complainant alleged Resident A needs a Hoyer Lift. The complainant alleged Resident A requires puree feedings.

On 02/01/2023, this licensing consultant received the intake.

On 02/02/2023, I interviewed administrator Dorothy Harold by telephone. Ms. Harold reported Resident A admitted to the facility on 03/02/2022 and had a decline at the facility due to Covid-19 diagnosis. Ms. Harold reported the facility consulted with Heart to Heart Hospice for additional services. Ms. Harold reported Resident A did have wounds on his buttocks, right hip, and toe. Ms. Harold reported the hospice company, and the facility were responsible for wound care and dressing changes. Ms. Harold reported the wounds were not stageable. Ms. Harold reported Resident A was a total assist transfer but did not require a Hoyer Lift. Ms. Harold reported caregivers were responsible for turning Resident A to relieve pressure on his sores. Ms. Harold reported Resident A had heel protectors to promote healing of the wound on his foot. Ms. Harold reported Resident A was on a special diet and was a 1:1 feed. Ms. Harold reported Resident A passed away at the facility on 10/05/2022. Ms. Harold reported the facility provided appropriate care to Resident A.

On 02/09/2023, I interviewed Heart to Heart care manager Kate Powers by telephone. Ms. Powers reported Resident A was on hospice services for approximately three weeks. Ms. Powers reported her company provided wound care and educated staff on wound care. Ms. Powers reported Resident A had a bed wedge for turning in bed. Ms. Powers reported Resident A did not require a Hoyer Lift for transfers. Ms. Powers reported Resident A did have bedsores and the sores had started to heal under Hospice care. Ms. Powers reported the facility communicated well with Heart-to-Heart Hospice. Ms. Powers reported the facility appropriately followed the plan of care and the Hospice company had no concerns about care provided to Resident A.

On 02/19/2023, I interviewed staff person 1 (SP1) by telephone. SP1 reported after Resident A had Covid-19 his health declined. SP1 reported Resident A required one person to transfer and did not require a Hoyer Lift. SP1 reported Resident A had a standard hospital bed and caregivers were competent to rotate Resident A in the bed. SP1 reported Resident A did have a bedsore and the Hospice company and the facility were responsible for providing care to the sores. SP1 reported caregivers were responsible for feeding Resident A. SP1 reported Resident A received adequate care at the facility.

On 02/13/2023, I interviewed SP2 by telephone. SP2 reported Resident A did not require a Hoyer lift for transfers. SP2 reported caregivers were responsible for turning Resident A every one to two hours. SP2 reported the facility and hospice were responsible for wound care. SP2 reported caregivers provided appropriate care to Resident A.

I reviewed Resident A's service plan. The service plan read,
"I am on a regular diet with puree texture and tin liquids. Please give me Ensure, provided by my family, with all meals via a straw."

I reviewed Resident A's progress notes. The notes read,

“09/22/2022: Writer was requested to assess (Resident A) on Tue, 09/20/2022 due to skin changes. Resident was observed laying in bed upon assessment, alert but quiet. Unstageable pressure ulcer to right buttock noted, was cleansed with wound cleanser, patted dry, barrier cream applied. Care managers were educated on importance of frequent checks and changes, making sure that (Resident A) is clean and dry and turned to relieve pressure off bony prominences. Hospice referral was placed on Monday, 09/19/22 as resident s/s of decline since last hospitalization. (Resident A) was admitted to Hospice later on 09/20/22. Hospital bed with air mattress ordered. Hospice orders noted. Writer was requested to assess (Resident A) upon arrival into the community on Wed, 09/21/22. (Resident A) was observed in bed, alert and verbal, one DTI to right hip, left toe and balanceable redness to mid back. Area to right hip cleansed with wound cleanser, covered with barrier cream and Alleyne dressing. Area to left toe was left open as it was dry. Hourly round/turn sheet was given to care managers to turn (Resident A) every hour, to make sure that he is clean and dry, encourage protein intake (family supplied Ensure) pressure relieving heel proactive boots applied to both feet. Hospice was notified for further evaluation. Family present and made aware.

09/24/22: (Resident A) is in bed. He did not eat lunch. Lungs are clear. Changed the bandage on his right hip. He denies pain or discomfort. He is under hospice services.

10/02/2022: (Resident A) is observed resting in bed at time of assessment. He is easily alert and easily aroused. He is a two person assist for ADL care and transfers. He is a 1:1 feed for mealtimes, his appetite has been poor but he is on a pureed diet as tolerated. He has been admitted to Heart-to-Heart hospice, who manages his care. (Resident A) has had most of his medications discontinued and is now only receiving comfort medications and is on hourly turns. His family continues to visit often.”

APPLICABLE RULE	
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>
For Reference: R 325.1901	Definitions.

	(4) "Assistance" means help provided by a home or an agent or employee of a home to a resident who requires help with activities of daily living.
ANALYSIS:	Resident A required assistance with transfers, turning, and wound care. Interviews conducted revealed the facility provided said appropriate care.
CONCLUSION:	VIOLATION NOT ESTABLISHED

ADDITIONAL FINDINGS:

INVESTIGATION:

Resident A's service plan read,

"Transferring: I will continue my current level of function in transfer through the next review date. Observe for and report any changes in my level of independence.

Assistive Device: ensure my assistive device is available for use, clean and in good condition."

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:	Interviews conducted with caregivers revealed Resident A was a total assist for transfers, required a wheelchair, was to be rotated every hour, had wound care needs, and heel protectors were to be worn. Review of Resident A's service plan revealed lack of detail regarding his specific care needs and instruction for staff to follow when providing care to Resident A.
CONCLUSION:	VIOLATION ESTABLISHED

On 02/27/2023, I conducted an exit conference with authorized representative Rowan Farber by telephone.

IV. RECOMMENDATION

Contingent upon receipt of an acceptable corrective action plan, I recommend no change in the status of the license.

Kimberly Horst

2/22/2023

Kimberly Horst
Licensing Staff

Date

Approved By:

Andrea L. Moore

02/22/2023

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

Date