



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

ORLENE HAWKS
DIRECTOR

May 11, 2023

Caroline Anderson
Thrive Assisted Living LLC
3910 Athens Avenue
Waterford, MI 48329

RE: License #: AS630366969
Thrive Assisted Living
839 Helston Road
Bloomfield Hills, MI 48304

Dear Mrs. Anderson:

Attached is the Renewal Licensing Study Report for the facility referenced above. You have submitted an acceptable written corrective action plan addressing the violations cited in the report. To verify your implementation and compliance with this corrective action plan:

- You are to submit documentation of compliance.
- You are to submit a Statement of Correction.

The study has determined substantial compliance with applicable licensing statutes and administrative rules. Therefore, your license is renewed. It is valid only at your present address and is nontransferable.

Please contact me with any questions. In the event that I am not available and you need to speak to someone immediately, you may contact the local office at (248) 975-5053.

Sincerely,

A handwritten signature in dark ink that reads "Frodet Dawisha". The signature is written in a cursive, flowing style.

Frodet Dawisha, Licensing Consultant
Bureau of Community and Health Systems
Cadillac Place, Ste 9-100
Detroit, MI 48202
(248) 303-6348

**MICHIGAN DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
BUREAU OF COMMUNITY AND HEALTH SYSTEMS
RENEWAL INSPECTION REPORT**

I. IDENTIFYING INFORMATION

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| License #: | AS630366969 |
| Licensee Name: | Thrive Assisted Living LLC |
| Licensee Address: | 3910 Athens Avenue Waterford, MI 48329 |
| Licensee Telephone #: | (248) 308-9607 |
| Administrator/Licensee Designee: | Caroline Anderson |
| Name of Facility: | Thrive Assisted Living |
| Facility Address: | 839 Helston Road Bloomfield Hills, MI 48304 |
| Facility Telephone #: | (248) 308-9607 |
| Original Issuance Date: | 12/06/2016 |
| Capacity: | 6 |
| Program Type: | PHYSICALLY HANDICAPPED ALZHEIMERS AGED |

II. METHODS OF INSPECTION

Date of On-site Inspection(s): 05/11/2023

Date of Bureau of Fire Services Inspection if applicable: N/A

Date of Health Authority Inspection if applicable: N/A

No. of staff interviewed and/or observed 2

No. of residents interviewed and/or observed 5

No. of others interviewed 1 Role: Licensee Designee

- Medication pass / simulated pass observed? Yes No If no, explain.
- Medication(s) and medication record(s) reviewed? Yes No If no, explain.
- Resident funds and associated documents reviewed for at least one resident? Yes No If no, explain.
- Meal preparation / service observed? Yes No If no, explain.
- Fire drills reviewed? Yes No If no, explain.
- Fire safety equipment and practices observed? Yes No If no, explain.
- E-scores reviewed? (Special Certification Only) Yes No N/A
If no, explain.
- Water temperatures checked? Yes No If no, explain.
- Incident report follow-up? Yes No If no, explain.
- Corrective action plan compliance verified? Yes CAP date/s and rule/s:
N/A
- Number of excluded employees followed-up? N/A
- Variances? Yes (please explain) No N/A

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

This facility was found to be in non-compliance with the following rules:

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| R 400.14301 | Resident admission criteria; resident assessment plan; emergency admission; resident care agreement; physician's instructions; health care appraisal. |
| | (4) At the time of admission, and at least annually, a written assessment plan shall be completed with the resident or the resident's designated representative, the responsible agency, if applicable, and the licensee. A licensee shall maintain a copy of the resident's written assessment plan on file in the home. |

During the on-site inspection on 05/10/2023, Resident A did not have their 2022 assessment plan completed.

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| R 400.14301 | Resident admission criteria; resident assessment plan; emergency admission; resident care agreement; physician's instructions; health care appraisal. |
| | (9) A licensee shall review the written resident care agreement with the resident or the resident's designated representative and responsible agency, if applicable, at least annually or more often if necessary. |

During the on-site inspection on 05/10/2023, Resident A did not have their 2022 resident care agreement completed.

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| R 400.14312 | Resident medications. |
| | (4) When a licensee, administrator, or direct care staff member supervises the taking of medication by a resident, he or she shall comply with all of the following provisions: (b) Complete an individual medication log that contains all of the following information: (v) The initials of the person who administers the medication, which shall be entered at the time the medication is given. |

During the on-site inspection on 05/11/2023, I reviewed Resident A's medications and medication logs and found the following errors:

- **Viactiv Calcium Supplement:** One by mouth every evening was given on 05/04/2022 and on 05/10/2023, but staff did not initial the medication log.
- **Amlodipine 5MG:** One by mouth every evening was given on 05/10/2023, but staff did not initial the medication log.

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| R 400.14403 | Maintenance of premises. |
| | (1) A home shall be constructed, arranged, and maintained to provide adequately for the health, safety, and well-being of occupants. |

During the on-site inspection on 05/11/2023, the cabinets in the kitchen island were hanging off the hinges.

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| R 400.14507 | Means of egress generally. |
| | (1) A means of egress shall be considered the entire way and method of passage to free and safe ground outside a small group home. |

During the on-site inspection on 05/11/2023, the gate in the backyard that is part of an egress was not equipped with non-locking-against-egress hardware.

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| R 400.14511 | Flame-producing equipment; enclosures. |
| | (2) Heating plants and other flame-producing equipment located on the same level as the residents shall be enclosed in a room that is constructed of material which has a 1-hour-fire resistance rating, and the door shall be made of 1 3/4-inch solid core wood. The door shall be hung in a fully stopped wood or steel frame and shall be equipped with an automatic self-closing device and positive-latching hardware. |

During the on-site inspection on 05/11/2023, the fire door that is equipped with an automatic self-closing device for the furnace and hot water tank located on the same floor of the residents was not closing properly.

A corrective action plan was requested and approved on 05/11/2023. It is expected that the corrective action plan be implemented within the specified time frames as outlined in the approved plan. A follow-up evaluation may be made to verify compliance. Should the corrections not be implemented in the specified time, it may be necessary to reevaluate the status of your license.

IV. RECOMMENDATION

An acceptable corrective action plan has been received. Renewal of the license is recommended.



05/11/2023

Frodet Dawisha
Licensing Consultant

Date