

GRETCHEN WHITMER GOVERNOR

STATE OF MICHIGAN DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS LANSING

ORLENE HAWKS DIRECTOR

June 30, 2023

Sarah Mapili New Genesis Senior Living LLC 856 Majestic Drive Rochester Hills, MI 48306

RE: License #: AS500414006

New Genesis Senior Living-Warren

2430 E. 13 Mile Rd Warren, MI 48092

Dear Ms. Mapili:

Attached is the Renewal Licensing Study Report for the facility referenced above. The violations cited in the report require the submission of a written corrective action plan. 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 licensee or licensee designee or home for the aged authorized representative and a date.

Upon receipt of an acceptable corrective plan, a regular license will be issued. If you fail to submit an acceptable corrective action plan, disciplinary action will result.

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,

Kristine Cilluffo, Licensing Consultant

Kristine Cillylo

Bureau of Community and Health Systems

Cadillac Place

3026 West Grand Blvd Ste 9-100

Detroit, MI 48202

(248) 285-1703

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

I. IDENTIFYING INFORMATION

License #:	AS500414006
Licensee Name:	New Genesis Senior Living LLC
Licensee Address:	856 Majestic Drive
	Rochester Hills, MI 48306
Licensee Telephone #:	(248) 495-0493
Licensee/Licensee Designee:	Sarah Mapili
Administrator:	Sarah Mapili
Name of Facility	New Consists Control bits a Warran
Name of Facility:	New Genesis Senior Living-Warren
Facility Address:	2430 E. 13 Mile Rd
i acinty Address.	Warren, MI 48092
	VValicit, Wil 10002
Facility Telephone #:	(248) 495-0493
Original Issuance Date:	01/24/2023
Capacity:	6
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Program Type:	PHYSICALLY HANDICAPPED
	AGED
	ALZHEIMERS

II. METHODS OF INSPECTION

Date of On-site Inspection(s):	06/29/2023
Date of Bureau of Fire Services Inspection if app	olicable: N/A
Date of Health Authority Inspection if applicable:	N/A
No. of staff interviewed and/or observed No. of residents interviewed and/or observed No. of others interviewed 1 Role: License	2 6 ee Designee
 Medication pass / simulated pass observed' Reviewed medication passing procedures w Medication(s) and medication record(s) reviewed 	vith Licensee Designee.
 Resident funds and associated documents of Yes ∑ No ☐ If no, explain. Meal preparation / service observed? Yes ☐ Inspection did not occur during a meal preparation. Fire drills reviewed? Yes ∑ No ☐ If no, explain. 	☐ No ⊠ If no, explain. aration.
Fire safety equipment and practices observe	ed? Yes ⊠ No □ If no, explain.
 E-scores reviewed? (Special Certification O If no, explain. Water temperatures checked? Yes ⊠ No 	
Incident report follow-up? Yes ⊠ No ☐ If	no, explain.
 Corrective action plan compliance verified? N/A ☒ Number of excluded employees followed-up 	_
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:

R 400.14301	Resident admission criteria; resident assessment plan; emergency admission; resident care agreement; physician's instructions; health care appraisal.
	(10) At the time of the resident's admission to the home, a licensee shall require that the resident or the resident's designated representative provide a written health care appraisal that is completed within the 90-day period before the resident's admission to the home. A written health care appraisal shall be completed at least annually. If a written health care appraisal is not available at the time of an emergency admission, a licensee shall require that the appraisal be obtained not later than 30 days after admission. A department health care appraisal form shall be used unless prior authorization for a substitute form has been granted, in writing, by the department.
	ot have a current health care appraisal completed on department 's last health care appraisal was dated 05/19/2022.
R 400.14306	Use of assistive devices.
	(2) An assistive device shall be specified in a resident's written assessment plan and agreed upon by the resident or the resident's designated representative and the licensee.
	ot have use of shower chair, toilet seat, gait belt and wheelchair in
assessment plan	. Resident B did not have use of Hoyer lift in assessment plan.
R 400.14401	Environmental health.
	(2) Hot and cold running water that is under pressure shall be provided. A licensee shall maintain the hot water temperature for a resident's use at a range of 105 degrees Fahrenheit to 120 degrees Fahrenheit at the faucet.

During the onsite inspection, I measured the water temperature with a digital thermometer. The water temperature only reached 103.8 degrees Fahrenheit.		
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 onsite inspection, I observed chipped and peeling paint on the ramps.		
R 400.14403	Maintenance of premises.	
	(5) Floors, walls, and ceilings shall be finished so as to be easily cleanable and shall be kept clean and in good repair.	
During the onsite inspection, I observed drywall damage in Bedroom #1 and kitchen.		

IV. RECOMMENDATION

Contingent upon receipt of an acceptable corrective action plan, renewal of the license is recommended.

Kristine Cillufo

O6/30/2023

Kristine Cilluffo

Licensing Consultant