



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

ORLENE HAWKS
DIRECTOR

July 7, 2023

Megan Rheingans
Livonia Comfort Care
34020 Plymouth Rd
Livonia, MI 48150

RE: License #: AH820402086

Dear Ms. Rheingans:

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. 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,

A handwritten signature in blue ink, appearing to read "Elizabeth Gregory-Weil".

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
RENEWAL INSPECTION REPORT**

I. IDENTIFYING INFORMATION

License #:	AH820402086
Licensee Name:	Livonia Comfort Care, LLC
Licensee Address:	34020 Plymouth Rd Livonia, MI 48150
Licensee Telephone #:	(989) 607-0001
Authorized Representative:	Megan Rheingans
Administrator:	Sarah Molner
Name of Facility:	Livonia Comfort Care
Facility Address:	34020 Plymouth Rd Livonia, MI 48150
Facility Telephone #:	(734) 743-2300
Original Issuance Date:	01/24/2023
Capacity:	88
Program Type:	AGED ALZHEIMERS

II. METHODS OF INSPECTION

Date of On-site Inspection(s): 07/06/2023

Date of Bureau of Fire Services Inspection if applicable: 06/06/2023- temporary approval until 07/20/2023

Inspection Type: Interview and Observation Worksheet
 Combination

Date of Exit Conference: 07/06/2023

No. of staff interviewed and/or observed 9
No. of residents interviewed and/or observed 19
No. of others interviewed 0 Role

- Medication pass / simulated pass observed? Yes No If no, explain.
- Medication(s) and medication records(s) reviewed? Yes No If no, explain.
- Resident funds and associated documents reviewed for at least one resident? Yes No If no, explain. The facility does not hold resident funds in trust.
- Meal preparation / service observed? Yes No If no, explain.
- Fire drills reviewed? Yes No If no, explain.
The Bureau of Fire Services is responsible for reviewing fire drills, however facility disaster planning procedures were reviewed.
- Water temperatures checked? Yes No If no, explain.
- Incident report follow-up? Yes IR date/s: N/A
- Corrective action plan compliance verified? Yes CAP date/s and rule/s: N/A- there have not been any corrective action plans to date.
- Number of excluded employees followed up? 1 N/A

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

This facility was found to be in non-compliance with the following administrative rules regulating home for the aged facilities:

R 325.1913 Licenses and permits; general provisions.

(2) The applicant or the authorized representative shall give written notice to the department within 5 business days of any changes in information as submitted in the application pursuant to which a license, provisional license, or temporary nonrenewable permit has been issued.

The authorized representative currently on file (Megan Rheingans) left her appointment on 6/16/23. At the time this report was written, a new appointee has not been designated.

R 325.1922 Admission and retention of residents.

(7) An individual admitted to residence in the home shall have evidence of tuberculosis screening on record in the home that was performed within 12 months before admission. Initial screening may consist of an intradermal skin test, a blood test, a chest x-ray, or other methods recommended by the public health authority. 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. A 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 have to conduct annual TB testing for residents.

The facility was unable to produce evidence of a TB screen within 12 months prior to admission for Residents A, B and C. Resident A moved into the facility on 2/20/23 and her TB screen was completed on 12/23/21. Resident B moved into the facility on 5/18/23 and her TB screen was completed after admission on 5/30/23. Resident C moved into the facility on 4/1/23 and his TB screen was completed after admission on 5/30/23.

R 325.1932 Resident medications.

(2) Prescribed medication managed by the home shall be given, taken, or applied pursuant to labeling instructions, orders and by the prescribing licensed health care professional.

Medication administration records (MAR) were reviewed for the previous five-week period and the following observations were made:

Resident A missed a dose of Depakote on 7/1/23 and 7/3/23. Based on the documentation provided it is unknown why Resident A did not receive her scheduled medications on those dates, as staff left the MAR blank and did not document a reason for the missed med passes.

Resident B missed a dose on Benzonatate on 6/3/23. Based on the documentation provided it is unknown why Resident B did not receive her scheduled medications on those dates, as staff left the MAR blank and did not document a reason for the missed med pass.

Resident D missed a dose of Lopressor on 6/28/23 and 7/3/23. Based on the documentation provided it is unknown why Resident C did not receive his scheduled medications on those dates, as staff left the MAR blank and did not document a reason for the missed med passes.

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.

Perishable food items located in the walk-in refrigerator and freezer lacked any labeling as to when they were delivered, opened or prepared. Many items also lacked a proper seal and were left uncovered. Items affected included but are not limited to a variety of frozen vegetables, bacon, cheese, lunch meat, pepperoni, raw chicken, and a tomato-based sauce.

R 325.1976 Kitchen and dietary.

(8) A reliable thermometer shall be provided for each refrigerator and freezer.

The refrigerator in the medication room that held resident medications lacked a thermometer.

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.

Administrator Sarah Molner stated that test strips are used to demonstrate that the dishes are sanitized, however staff had not consistently used the test strips and the last documented date this was completed was 4/30/23.

R 325.1979 General maintenance and storage.

(3) Hazardous and toxic materials shall be stored in a safe manner.

Hazardous and toxic materials (various cleaning agents and detergents) were found unsecured in the assisted living and memory care kitchenettes. These items are an unnecessary ingestion and subsequent poisoning risk to those residents that lack safety awareness.

IV. RECOMMENDATION

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



07/07/2023

Elizabeth Gregory- Weil
Licensing Consultant

Date