



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

ORLENE HAWKS  
DIRECTOR

May 26, 2023

Christopher Schott  
The Westland House  
36000 Campus Drive  
Westland, MI 48185

RE: License #: AH820409556  
The Westland House  
36000 Campus Drive  
Westland, MI 48185

Dear Mr. Schott:

Attached is the Renewal Licensing Study Report for the facility referenced above. The study has determined substantial violations of applicable licensing statutes and administrative rules. Therefore, I recommend the issuance of a corrective notice order. You will be notified in writing of the Department's intention and your options for resolution of this matter.

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 877-458-2757.

Sincerely,

A handwritten signature in cursive script that reads "Jessica Rogers".

Jessica Rogers, Licensing Staff  
Bureau of Community and Health Systems  
611 W. Ottawa Street  
P.O. Box 30664  
Lansing, MI 48909  
(517) 285-7433

enclosure

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

**I. IDENTIFYING INFORMATION**

**License #:** AH820409556

**Licensee Name:** WestlandOPS, LLC

**Licensee Address:** 2nd Floor  
600 Stonehenge Pkwy  
Dublin, OH 43017

**Licensee Telephone #:** (614) 420-2763

**Authorized Representative:** Christopher Schott

**Administrator/Licensee Designee:** Wanda Kreklau

**Name of Facility:** The Westland House

**Facility Address:** 36000 Campus Drive  
Westland, MI 48185

**Facility Telephone #:** (734) 326-6537

**Original Issuance Date:** 02/25/2022

**Capacity:** 102

**Program Type:** AGED

## II. METHODS OF INSPECTION

Date of On-site Inspection(s): 05/24/2023

Date of Bureau of Fire Services Inspection if applicable: 08/22/2022

Inspection Type:  Interview and Observation  Worksheet  
 Combination

Date of Exit Conference: 6/20/2023

No. of staff interviewed and/or observed 16

No. of residents interviewed and/or observed 35

No. of others interviewed One Role Resident family member

- 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. No resident funds held.
- Meal preparation / service observed? Yes  No  If no, explain.
- Fire drills reviewed? Yes  No  If no, explain.  
Bureau of Fire Services reviews fire drills. Disaster plan reviewed and staff interviewed regarding disaster plan.
- 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:
  - CAP dated 9/23/2022 to Renewal LSR dated 8/31/2022: R 325.1921(1)(b), R 325.1932(1), R 325.1932(2), R 325.1932(3)(c), R 325.1953(1), R 325.1964(9)(b)
  - CAP dated 12/6/2022 to SIR 2022A1027092: R 325.1932(1)
  - CAP dated 1/17/2023 to SIR 2023A0784014: R 325.1932(1), 1924(1)
  - CAP dated 1/17/2023 to SIR 2023A1027014: 333.21311
  - CAP dated 1/18/2023 to SIR 2023A1027007: R 325.1932(1), R 325.1931(2)
  - CAP dated 2/21/2023 to SIR 2023A1019014: R R 325.1924(1)
  - CAP dated 2/28/2023 to SIR 2023A1019013: R 325.1932(1)
  - CAP dated 5/11/2023 to SIR 2023A1027051: R 325.1931(2)
- Number of excluded employees followed up? N/A

### III. DESCRIPTION OF FINDINGS & CONCLUSIONS

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

**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.**

**For Reference:  
R 325.1901**

**Definitions.**

**Rule 1. As used in these rules:**

**(t) "Service plan" means a written statement prepared by the home in cooperation with a resident, the resident's authorized representative, or the agency responsible for a resident's placement, if any, that identifies the specific care and maintenance, services, and resident activities appropriate for the individual resident's physical, social, and behavioral needs and well-being, and the methods of providing the care and services while taking into account the preferences and competency of the resident.**

**For Reference:  
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.**

**For Reference:  
R 325.1942**

**Resident records.**

**(2) A home shall assure that a current resident record is maintained and that all entries are dated and signed.**

Review of resident's service plans revealed they were incomplete in which areas were left blank, not dated, not updated annually, or lacked specific care and maintenance to ensure safety and protection.

Review of Resident B's service plan dated 5/1/2023 read in part he was an elopement risk, and a wander guard was applied, then did not specify if his location needed to be checked twice per shift or if his wander guard needed to be checked and documented each shift. Additionally, Resident B's service plan read in part he required toilet reminders by staff and that he required toileting every two hours by staff for frequent episodes of incontinence. The plan read in part Resident B required checks every shift provided various reasons however did not mark a reason why.

Review of Resident C's service plan updated 4/20/2023 read in part he was on a "regular – diabetic" diet. The plan read in part he required to be checked every hour because he just moved into the facility in which the initial plan was dated 8/15/2022.

Review of Resident F's service plan revealed it was not dated.

Review of Resident H's service plan updated 5/1/2023 read in part he self-administered medications and staff administered his medications.

Review of Resident I's service plan revealed it was not dated nor was it updated annually. The plan read in part he moved into the facility on 5/20/2022 and needed to be checked every hour because he just moved into the facility.

Review of Resident J's service plan dated 11/22/2022 read in part she showered herself and she required a standby assist for showering. The plan read in part she was unable to shave herself in which either she required a reminder to shave or needed assistance shaving, however it did not specify which one. The plan read in part she was an elopement risk, and a wander guard was applied, then did not specify if her location needed to be checked twice per shift or if her wander guard needed to be checked and documented each shift.

## **REPEAT VIOLATION ESTABLISHED**

**[For reference, see  
Licensing Study Report (LSR) dated 8/31/2022, CAP dated 9/23/2022;  
Special Investigation Report (SIR) 2023A1027007, CAP dated 1/17/2023;  
SIR 2023A1027051, CAP dated 5/11/2023]**

**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.**

Review of Resident A's May 2023 medication administration records (MARs) revealed medications were not always administered per physician orders. For example, the MAR read Acetaminophen 500 mg tablet, take two tablets by mouth every eight hours as needed for ten days which started on 5/9/2023 and staff initialed it as administered through 5/24/2023, as well as lacked a stop date. The MAR read Polyethylene Glycol 3350 Powder, mix 17 grams into eight ounces of water or juice, and give by mouth once daily for ten days in which staff initialed as administered from 5/10/2023 through 5/24/2023, as well as lacked a stop date. The MAR read Dorzolamide-Timolol Eye Drops, instill one drop in both eyes twice daily and Travoprost 0.004% Eye Drop, instill one drop in each eye at bedtime in which for both medications, staff documented the administration site as right or left eye only. Furthermore, the MAR read medications were ordered and not initialed as administered when ordered. For example, the MAR read Lactulose and Polyethylene Glycol Powder were both started on 5/6/2023, however staff initialed the first doses administered on 5/10/2023. Additionally, the MAR read Acetaminophen and Stool Softener were both started on 5/6/2023, however staff initialed the first doses as administered on 5/9/2023.

Review of Resident B's May 2023 MARs revealed one or more medications on the following dates were left blank: 5/1/2023 through 5/20/2023, 5/22/2023 and 5/23/2023.

Review of Resident C's May 2023 MARs revealed one or more medications on the following dates were left blank: 5/2/2023, 5/6/2023 through 5/8/2023, 5/11/2023 through 5/16/2023, 5/18/2023, and 5/21/2023 through 5/23/2023.

Review of Resident D's May 2023 MARs revealed one or more medications on the following dates were left blank: 5/2/2023 through 5/5/2023, 5/10/2023, and 5/18/2023. The MAR read Vitamin D2 was prescribed weekly in which staff had initialed the medication as administered on 5/3/2023, 5/10/2023, and 5/24/2023; however, staff documented on 5/17/2023 that the medication as "*withheld per dr/rn orders*" because "*she takes this weekly.*"

Review of Resident E's May 2023 MARs revealed one or more medications on the following dates were left blank: 5/1/2023, 5/2/2023, 5/4/2023, 5/6/2023, 5/8/2023, 5/10/2023 through 5/15/2023, and 5/18/2023 through 5/23/2023.

Review of Resident F's May 2023 MARs revealed one or more medications on the following dates were left blank: 5/8/2023, 5/10/2023, and 5/18/2023.

Review of Resident G's May 2023 MARs revealed one or more medications on the following dates were left blank: 5/1/2023 through 5/3/2023, 5/5/2023 through 5/8/2023, and 5/11/2023 through 5/23/2023.

Review of Resident H's May 2023 MARs revealed one or more medications on the following dates were left blank: 5/1/2023, 5/4/2023, 5/6/2023, 5/8/2023, 5/10/2023 through 5/16/2023, 5/18/2023 through 5/20/2023, and 5/22/2023 through 5/23/2023.

Review of Resident J's May 2023 MARs revealed one or more medications on the following dates were left blank: 5/3/2023, 5/4/2023, 5/6/2023, 5/7/2023, 5/9/2023 through 5/11/2023, and 5/16/2023 through 5/21/2023.

Interview with Employee #1 revealed staff were to sign the narcotic count logbook when conducting the narcotic count at the start of their shift and then again end of their shift. Review of the narcotic count logbook located in the 2<sup>nd</sup> floor medication cart revealed staff did not always sign the narcotic count book on various shifts in May 2023.

Thus, review of the resident's MARs revealed there were various dates in May 2023 left blank in which it could not be determined if residents' medications were administered or not.

#### **REPEAT VIOLATION ESTABLISHED**

**[For reference, see  
Licensing Study Report (LSR) dated 8/31/2022, CAP dated 9/23/2022;  
Special Investigation Report (SIR) 2022A1027092, CAP dated 12/6/2022;  
SIR 2023A0784014, CAP dated 1/17/2023;  
SIR 2023A1027007, CAP dated 1/18/2023;  
SIR 2023A1019013, CAP dated 2/28/2023;]**

**R 325.1953            Menus.**

**(1) A home shall prepare and post the menu for regular and therapeutic or special diets for the current week. Changes shall be written on the planned menu to show the menu as actually served.**

Interview with Employee #2 revealed the facility served two puree and one renal diet; however, those therapeutic diet menus were not posted.

#### **REPEAT VIOLATION ESTABLISHED.**

**[For reference, see licensing study report (LSR) dated 8/31/2022, CAP dated 9/23/2022]**

**R 325.1954            Meal and food records.**

**The home shall maintain a record of the meal census, to include residents, personnel, and visitors, and a record of**

**the kind and amount of food used for the preceding 3-month period.**

Review of the May 2023 meal census revealed it was incomplete. For example, the number of residents, personnel, and visitors served were not always counted for dinner meals. Additionally, various May 2023 dates lacked a count for the number of residents, personnel and visitors served, as well as the kind and amount of food served at each of those meals.

**VIOLATION ESTABLISHED**

**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.**

Interview with Employee #2 revealed the use of chemical sanitization was utilized and tested daily then recorded to demonstrate the task was completed. Review of the *Dishmachine Temperature Log* revealed it was incomplete for May 2023. For example, on the following dates the wash temperature and chemical sanitization testing were left blank for one or more meals: 5/5/2023, 5/7/2023, 5/10/2023, 5/12/2023, 5/13/2023, 5/15/2023, and 5/16/2023 through 5/24/2023.

**VIOLATION ESTABLISHED**

**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.**

Inspection of the facility kitchen revealed the refrigerator contained items that were not dated including but not limited to soy sauce, barbecue sauce, and enchilada sauce. Inspection of the refrigerator also revealed expired items such as milk.

**VIOLATION ESTABLISHED**

**R 325.1976            Kitchen and dietary.**

**(9) An individual portion of food which is served and not eaten shall be destroyed.**



Inspection of the facility kitchen revealed the refrigerator contained individual portions of meals previously served and not dated such as but limited to two hamburger patties, green beans, and casserole.

**VIOLATION ESTABLISHED**

**IV. RECOMMENDATION**

A Correction Order is recommended.

*Jessica Rogers*

05/30/2023

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Licensing Consultant

Date