



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

MARLON I. BROWN, DPA  
ACTING DIRECTOR

October 4, 2023

Jennifer Hescott  
Provision Living at West Bloomfield  
5475 West Maple  
West Bloomfield, MI 48322

RE: License #: AH630381200  
Provision Living at West Bloomfield

Dear Licensee:

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,

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**

<b>License #:</b>	AH630381200
<b>Licensee Name:</b>	PVL at West Bloomfield, LLC
<b>Licensee Address:</b>	1630 Des Peres Road, Suite 310 St. Louis, MO 63131
<b>Licensee Telephone #:</b>	(314) 238-3821
<b>Authorized Representative:</b>	Jennifer Hescott
<b>Administrator:</b>	David Ferreri
<b>Name of Facility:</b>	Provision Living at West Bloomfield
<b>Facility Address:</b>	5475 West Maple West Bloomfield, MI 48322
<b>Facility Telephone #:</b>	(248) 419-1089
<b>Original Issuance Date:</b>	03/27/2019
<b>Capacity:</b>	113
<b>Program Type:</b>	AGED ALZHEIMERS

## II. METHODS OF INSPECTION

Date of On-site Inspection(s): 10/03/2023

Date of Bureau of Fire Services Inspection if applicable: 04/06/2023

Inspection Type:  Interview and Observation  Worksheet  
 Combination

Date of Exit Conference: 10/03/2023

No. of staff interviewed and/or observed 24

No. of residents interviewed and/or observed 47

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 review of fire drills, however 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: CAP dated 4/14/21, R 325.1932, however a similar citation is included in this report.
- Number of excluded employees followed up? 4 N/A

### III. DESCRIPTION OF FINDINGS & CONCLUSIONS

This facility was found to be in non-compliance with the following public health code statutes and administrative rules regulating home for the aged facilities:	
<b>MCL 333.20201</b>	<b>Policy describing rights and responsibilities of patients or residents;</b>
	<p><b>(2) The policy describing the rights and responsibilities of patients or residents required under subsection (1) shall include, as a minimum, all of the following:</b></p> <p><b>(d) A patient or resident is entitled to privacy, to the extent feasible, in treatment and in caring for personal needs with consideration, respect, and full recognition of his or her dignity and individuality.</b></p>
Personal and confidential protected health information printed on empty medication blister packs were observed unsecured on a first-floor medication cart for Residents A, B, C and D. Facility staff were not in sight when the blister packs were observed.	
<b>R 325.1931</b>	<b>Employees; general provisions.</b>
	<p><b>(6) The home shall establish and implement a staff training program based on the home's program statement, the residents service plans, and the needs of employees, such as any of the following:</b></p> <p><b>(a) Reporting requirements and documentation.</b></p> <p><b>(b) First aid and/or medication, if any.</b></p> <p><b>(c) Personal care.</b></p> <p><b>(d) Resident rights and responsibilities.</b></p> <p><b>(e) Safety and fire prevention.</b></p> <p><b>(f) Containment of infectious disease and standard precautions.</b></p> <p><b>(g) Medication administration, if applicable.</b></p>
Files for Employees 1 (hired on 5/4/23) and Employee 2 (hired on 5/3/23) lacked any proof of training. Employee 2 was working as a caregiver during my onsite inspection.	
<b>R 325.1932</b>	<b>Resident medications.</b>
	<b>(2) Prescribed medication managed by the home shall be given, taken, or applied pursuant to labeling instructions,</b>

	<b>orders and by the prescribing licensed health care professional.</b>
<p>Medication administration records (MAR) were reviewed for the previous four-week period and the following observations were made:</p> <p>Resident E missed all scheduled doses of medication on the morning of 9/21/23. Based on the documentation provided it is unknown why Resident E 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.</p> <p>Resident F missed a scheduled dose of Acetaminophen on 9/18/23. Based on the documentation provided it is unknown why Resident F did not receive her scheduled medication on this date, as staff left the MAR blank and did not document a reason for the missed med pass. Resident F missed one or both scheduled doses of Ipratropium-albuterol solution on 9/1/23, 9/4/23, 9/5/23, 9/7/23, 9/9/23, 9/10/23, 9/11/23, 9/12/23, 9/16/23, 9/21/23, 9/24/23, 9/25/23, 9/26/23, 9/27/23, 9/28/23, 10/2/23 and 10/3/23. Staff consistently documented the reason for the missed doses as “machine broken”, “machine not working”, “missing parts”, “equipment not available” and other comparable entries despite intermittently documenting that it was administered. It is not reasonable to assume that the medication can be administered in-between dates that staff documented the nebulizer was broken. This is likely the result of a repeated documentation error.</p>	
<b>R 325.1972</b>	<b>Solid wastes.</b>
	<b>All garbage and rubbish shall be kept in leakproof, nonabsorbent containers. The containers shall be kept covered with tight-fitting lids and shall be removed from the home daily and from the premises at least weekly.</b>
Multiple garbage cans throughout the facility did not contain lids, including several in the commercial kitchen.	
<b>R 325.1976</b>	<b>Kitchen and dietary.</b>
	<b>(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.</b>
Multiple perishable food items in the commercial kitchen were not properly labeled, dated or sealed. These items include but are not limited to chicken nuggets, french fries, ground beef patties, onion rings, pork sausage and produce items. Large plastic containers filled with orange juice and iced tea were also found without proper dating.	

<b>R 325.1976</b>	<b>Kitchen and dietary.</b>
	<b>(8) A reliable thermometer shall be provided for each refrigerator and freezer.</b>
A freezer located in the memory care kitchen did not contain a thermometer.	
<b>R 325.1979</b>	<b>General maintenance and storage.</b>
	<b>(3) Hazardous and toxic materials shall be stored in a safe manner.</b>
Hazardous and toxic materials (various cleaning agents and detergents) were found unsecured in the first and second floor activity areas and a first-floor laundry room. These items are an unnecessary ingestion and subsequent poisoning risk to those residents that lack safety awareness.	

#### IV. RECOMMENDATION

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



10/04/2023

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Elizabeth Gregory-Weil  
Licensing Consultant

Date