



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
ACTING DIRECTOR

September 11, 2023

June Nadolny
Traditions of Saginaw - Main
3785 North Center Road
Saginaw, MI 48603

RE: Application #: AH730413810
Traditions of Saginaw - Main
3785 North Center Road
Saginaw, MI 48603

Dear Licensee:

Attached is the Original Licensing Study Report for the above referenced facility. The study has determined substantial compliance with applicable licensing statutes and administrative rules. Therefore, a temporary license with a maximum capacity of 93 is issued.

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 contact the local office at (877) 458-2757.

Sincerely,

A handwritten signature in black ink, appearing to read "Andrea Krausmann".

Andrea Krausmann, Licensing Staff
Bureau of Community and Health Systems
611 W. Ottawa Street
P.O. Box 30664
Lansing, MI 48909
(586) 256-1632

enclosure

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

I. IDENTIFYING INFORMATION

License #:	AH730413810
Applicant Name:	Sabra Midwest Operations IV, LLC
Applicant Address:	Suite 550 18500 Von Karman Ave Irvine, CA 92612
Applicant Telephone #:	(888) 393-8248
Authorized Representative:	June Nadolny
Name of Facility:	Traditions of Saginaw - Main
Facility Address:	3785 North Center Road Saginaw, MI 48603
Facility Telephone #:	(989) 498-4000
Application Date:	08/15/2022
Capacity:	93
Program Type:	AGED ALZHEIMERS

II. METHODOLOGY

08/15/2022	Enrollment
08/15/2022	Application Incomplete Letter Sent 1326/Fingerprint/RI 030 for Auth Rep Jessica Flores
08/23/2022	Application Incomplete Letter Sent Policies and procedures request sent to AR J. Flores via email.
09/07/2022	Inspection Completed-Fire Safety: C Temporary approval until 10/10/22 by Bureau of Fire Services (BFS) inspector M. Dan Stasa for current license AH730317973 at this same address. May be used for this applicant.
12/22/2022	Contact - Document Received Attestation letter that no food will be served to non-residents i.e. resident family members, employees, vendors, visitors, etc., received from Sabra Midwest Operations IV LLC Senior Vice President/authorized representative Jessica Flores.
02/24/2023	Inspection Completed-Fire Safety: A Conducted by BFS inspector M. Dan Stasa for current license AH730317973 at this same address. May be used for this applicant.
02/27/2023	Contact - Document Sent Returned documentation to legal representative Jennifer Hilliard for revisions.
03/13/2023	Contact - Document Received Attestation letter from Jessica Flores, Senior Vice President of Sabra Midwest Operations IV, LLC affirming that the facility's generator meets compliance with MCL333.21335.
03/21/2023	Referral - Other Referral to Health Facilities Engineering Section (HFES) interim supervisor Pier-George Zanoni re: Former HFES room sheets do not match the facility's current floor plan.
05/01/2023	Referral - Other 2nd referral email HFES interim supervisor Pier-George Zanoni.
07/05/2023	Contact – Document Received Most all policies and procedures received and accepted from applicant's legal representative Jennifer Hilliard. Still need bill of sale and room sheets to match floor plan.
07/19/2023	Contact - Document Received

Revised floor plan from applicant's legal representative J. Hilliard and revised room sheets from HFES engineer Pier-George Zaroni.

07/24/2023 Inspection Completed On-site
Met with former administrator Erriesha Dunnaway briefly, and a soon-to-be appointed administrator June Nadolny. Items of non-compliance observed.

07/26/2023 Referral - Office of Fire Safety
Email to Milan Dan Stasa Bureau of Fire Services (BFS) inspector of potential BFS fire safety violations: The assisted living (AL) area exit doors are locked and require staff key card to unlock them. Also, there is a padlock is on the memory care (MC) courtyard gate.

07/28/2023 Contact - Telephone call made
M. Dan Stasa inspected on 7/27/23 and determined the AL lock down system and the padlock on the MC courtyard fence gate are BFS rule violations. He will write a report.

07/28/2023 Contact - Document Sent
List of findings sent via email to applicant's authorized representative Jessica Flores requesting evidence of compliance for each item:

R325.1921(1)(d) Administrator stepped down from position and new appointment was not made.

MCL333.20178(1)(e) Windows in memory care (MC) unit open more than ¼ inch as was written in program statement. At least two MC windows tilted in allowing full opening.

R325.1979(3) Hazardous and toxic materials not stored in a safe manner:

- -Buckeye Eco Neutral E23 disinfectant in a MC common bathroom unattended;
- -An easy-open sharps container that contained used blood glucose checks and a bottle of Lubriderm left unattended in MC resident room #410;
- -At least four oxygen tanks left observed free standing with no means to prevent them from falling over.

R326.1976(7) Refrigerator thermometers registering above 41°F such as resident room #312 refrigerator at 55°F.

R325.1976(15) Chef Patrick McWright did not have manufacturer's instructions and did not know which cleaning chemicals to be used for sanitizing ice machine. Although the machine was reportedly cleaned the previous day it appeared to have pink mold developing along white plastic piece directly above the ice.

R325.1953(1) The menus posted in assisted living (AL) area listed food items but did not include all regular and therapeutic diets being served. Presently, the home serves regular, no added salt, and mechanical soft diets.

R325.1954 Chef Patrick McWright said he does not maintain a record of the meal census, nor a record of the kind and amount of food used.

R325.1917(1) Chef Patrick McWright said meals are served to resident's guests/visitors when purchased by the guests. This is contrary to the attestation letter submitted by the applicant's authorized representative Jessica Flores, that indicates no food will be served to non-residents.

R325.1935(2) The clean linen closet contained two towels, approximately 20 washcloths and approximately 12 pillowcases and no other bed linen. While some bed linens may be on resident beds and some towels in resident rooms, this is insufficient supply to meet the needs of a 93-bed home for the aged.

R325.1931(1) At least four resident rooms (#707, 709, 711 & 715) have doors leading to an enclosed courtyard. A slide-bar toggle type lock is at the top of each of these doors that, when in use, would prevent residents from leaving their room to access the courtyard.

R325.1979(1) The building, equipment, and furniture was not kept clean and in good repair:

- Carpeting throughout the home appeared dirty, stained, and worn.
- A large wall-mounted aquarium in the memory care unit had been partially disassembled with some cabinetry removed, the glass tank was drained but still in place, and the pump equipment and décor were left inside accessible to the residents.
- The weather strip at the top of resident room #715's door to the courtyard was partially removed and hanging.

R325.1917(2) A referral was made to the Bureau of Fire Services (BFS) inspector M. Dan Stasa to determine whether the following issues were potential violations of BFS fire safety rules:

- The assisted living (AL) exit doors have magnetic locks requiring staff access cards to unlock the doors. Ms. Nadolny said approx. 10 of the 30 AL residents also have access cards but that leaves 66% of AL residents in lock down.
- At least one fence across the memory care courtyard had a padlock in place that would not automatically release with the fire safety suppression system.

07/31/2023 Contact - Document Received
BCAL1606 and resume of qualifications received changing the administrator from Erriesha Dunnaway to June Nadolny signed by vice president/authorized representative Jessica Flores.

08/08/2023 Contact – Document Received
Attestation signed by senior VP/AR Jessica Flores that Sabra Midwest Operations IV LLC will hold no resident funds and no refundable deposits for residents of Traditions of Saginaw - Main.

08/08/2023 Inspection Completed–Fire Safety: C
Temporary fire safety approval until 9/11/23 by M. Dan Stasa BFS inspector for current licensee AH730317973 at this same address, may be used for this applicant.

08/16/2023 Contact – Document Received
BCAL1603 changing the authorized representative from Jessica Flores to June Nadolny, signed by Senior Vice President/Treasurer/Secretary Jessica Flores.

08/23/2023 Contact – Document Received
AR J. Nadolny submitted a corrective action plan along with photographs and other documentation to demonstrate current compliance and/or scheduled dates of correction for items noted during 07/28/2023 on-site inspection. Bill of sale still needed. Notified the applicant’s legal rep. Jennifer Hilliard.

09/11/2023 Contact – Document Received
The applicant’s legal rep. Jennifer Hilliard submitted a bill of sale between New Hope Partners LLC and Sabra Midwest Operations IV, LLC having occurred on 09/11/2023.

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

A. Physical Description of Facility

The building at 3785 North Center Road Saginaw, is a single-story residential facility that was constructed in 2012, with additions built in 2014 and 2017. It is in the north central area of Saginaw County on a four-lane road zoned 45 mph. The building is free standing located within a wooded area of single-family homes situated between a church and a funeral home. The parking lot is along the front and back of the building. The driveway leads around the building to a second facility. There is another licensed home for the aged on the property, as well as independent living cottages with garages located on this campus. A drainage pond on the property is surrounded with decorative fencing.

The facility has been continually licensed as a home for the aged since 01/24/2013. A bill of sale dated 09/11/2023 was submitted to the department, which changed ownership of the operation and necessitated application for a new license.

The main entrance into the lobby is the mid-point of the facility with the memory care unit to the left, and the assisted living unit to the right. The memory care area is a secured unit designed for individuals who have been diagnosed with Alzheimer's disease or a related condition. For resident safety, main exit doors in the memory care area are secured with delayed egress bars. All facility doors automatically unlock at the initiation of the fire suppression system. Windows in the memory care area have been modified to prevent the windows from opening more than a few inches and from being tilted-in, for resident safety.

The facility's memory care unit is comprised of two hallways of resident rooms. This area of the building is "V" shaped with activity and dining rooms at the intersection of the two hallways, a medication room, and a sunroom located at the end of the 300 hallway. The dining room has a small prep kitchen attached. Meals are prepared in the home's main kitchen and transferred to the memory care unit prep kitchen for serving. Presently, the memory care activity and dining rooms are separated by a wall-unit aquarium that is in process of being removed. The memory care area has 18 single-occupancy residential units. Each unit has its own attached bathroom.

The facility's assisted living unit is designed for residents that require staff assistance with activities of daily living. This area of the building includes administrative offices, the main kitchen, main dining room, a private dining room, a medication room, movie theater, library, hair salon, staff break room, three sun rooms, and two laundry rooms, in addition to 55 residential units.

Studios and one-bedroom units are available in this assisted living area. Each residential unit has its own attached bathroom with shower. Compact refrigerators are also available for residents in assisted living.

Of the 55 assisted living units, 20 were approved for double occupancy by the Department of Licensing and Regulatory Affairs Health Facilities Engineering Section (HFES). Specifically, rooms 102, 104, 114, 116, 117, 205, 207, 210, 212, 507, 508, 509, 513, 516, 517, 518, 521, 618, 624, and 628 are approved for double occupancy. This allows for a capacity of 75 beds in assisted living.

The facility will provide a bed and bedside table along with towels, washcloths, and bedding to all residents, although residents are encouraged to bring their own furniture and personal belongings for their own comfort.

Emergency pull cords are present in all resident bathrooms, and emergency pendants are available to residents, to summon assistance from staff. Once activated the emergency alert system notifies staff via i-phone devices.

The home is equipped with video monitoring cameras in common hallways, the kitchen and medication rooms.

The facility has one exterior courtyard that is surrounded by the building. Assisted living area residents have access to this courtyard. Another attached exterior courtyard is gated by an approximately six-foot-tall decorative fence, and it is accessible to residents in the memory care unit.

The facility has municipal water and sewer and is equipped with a whole home fire suppression system. According to the Bureau of Fire Services, a home for the aged licensed under Chapter 19 existing health facility, residents are expected to “shelter-in-place” in case of fire. If smoke and/or fire are present within the residents’ immediate area, then those residents move to the adjacent unaffected smoke compartment/safe area of refuge. Residents evacuate the building if/when the building is deemed to be uninhabitable by the fire department/first responders/administration.

According to an attestation letter dated 03/13/2023 from Sabra Midwest Operations IV LLC’s senior vice president/secretary/treasurer/authorized representative, Jessica Flores, the facility is equipped with an emergency generator that meets compliance with MCL333.21335, confirming that during an interruption of the normal electrical supply, it provides no less than four hours of service and generates enough power to provide lighting at all entrances and exits and to operate equipment to maintain fire detection, alarm, and extinguishing systems, telephone switchboards, heating plant controls, and other critical mechanical equipment essential to the safety and welfare of the residents, personnel, and visitors.

B. Program Description

On 08/15/2022, Sabra Midwest Operations IV LLC submitted an application for a home for the aged license under building fire safety type Chapter 19 Existing Health Facility

with a program for serving aged residents and a program for serving those with Dementia/Alzheimer's Disease.

As a licensed home for the aged, Sabra Midwest Operations IV LLC proposes to provide room, board, and supervised personal care to individuals aged 55 and older in the facility known as Traditions of Saginaw-Main. The facility also represents to the public the provision of services to individuals with Alzheimer's disease or related conditions. Initial and ongoing training will be provided to all staff including specialized training for those working in the memory care area.

Traditions of Saginaw-Main is operated by Sabra Midwest Operations IV, LLC. A business entity search of the State of Michigan Department of Licensing and Regulatory Affairs revealed Sabra Midwest Operations IV LLC is a foreign limited liability company, with a Michigan qualification date of 07/25/2022, and an assumed name of Traditions of Saginaw-Main filed on 08/23/2022.

Traditions of Saginaw-Main is a smoke-free facility. Designated smoking areas are available to residents/staff/visitors outside the building.

On 08/08/2023, Sabra Midwest Operations IV LLC's senior vice president/secretary/treasurer/authorized representative, Jessica Flores, submitted a letter attesting Sabra Midwest Operations IV LLC will not hold resident funds nor refundable deposits of residents at Traditions of Saginaw-Main. Therefore, no surety bond is necessary.

On 12/22/2022, Ms. Flores submitted a letter attesting Traditions of Saginaw-Main will not serve food to non-residents i.e. resident family members, employees, vendors, visitors, etc. However, on 07/28/2023, facility Chef Patrick McWright said meals are served to resident's family members and guests when purchased by them. This is contrary to the attestation letter submitted by the applicant's authorized representative Jessica Flores.

On 8/23/2023, the applicant's newly appointed authorized representative, June Nadolny, submitted a corrective action plan that now coincides with Ms. Flores' attestation letter noted above. The corrective action plan includes, "The community ceased serving food to non-residents. Staff has been instructed by the administrator to inform families if they call to reserve for a guest that we are not serving guests. The administrator is also discussing with new residents and account representatives at the time of admission. Dietary service staff have been notified that the community will no longer serve food to non-residents".

C. Rule/Statutory Violations

On 08/08/2023, the Dept. of LARA Bureau of Fire Services (BFS) issued an approved fire safety certification of the home.

On 07/24/2023, I conducted an on-site inspection of the building, while accompanied by the former administrator, Erriesha Dunnaway, briefly, and a soon-to-be appointed administrator, June Nadolny. Physical plant and other items were identified to be out of compliance with home for the aged licensing statutes and/or administrative rules.

On 07/28/2023, I sent a list of those items to the applicant's authorized representative, Jessica Flores, requesting evidence of compliance for each item.

On 07/31/2023, senior vice president/secretary/treasurer/authorized representative, Jessica Flores, submitted a BCAL1606 Appointment of Administrator form and resume of qualifications, changing the administrator from Erriesha Dunnaway to June Nadolny.

On 08/16/2023, senior vice president/secretary/treasurer/authorized representative, Jessica Flores, submitted a BCAL1603 Appointment of Authorized Representative form changing the applicant's authorized representative from herself to June Nadolny.

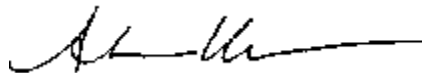
On 08/23/2023, authorized representative June Nadolny submitted a corrective action plan along with photographs and other documentation to confirm current compliance and/or scheduled dates of correction of items noted during 07/28/2023 on-site inspection.

On 09/11/2023, the applicant's legal representative, Jennifer Hilliard, submitted a bill of sale confirming the transfer of the operation from New Hope Partners LLC to Sabra Midwest Operations IV, LLC as having occurred on 09/11/2023.

Therefore, the study has now determined substantial compliance with Public Health Code Act 368 of 1978, as amended, and the administrative rule requirements related to a licensed home for the aged.

IV. RECOMMENDATION

It is recommended that a temporary 6-month home for the aged license/permit for this facility be issued. The terms of the license will enable the licensee to operate a home for the aged with a total capacity of 93 licensed beds [75 in Assisted Living and 18 in Memory Care] with programs for aged and Alzheimer's disease or related condition care.



9/11/2023

Andrea Krausmann
Licensing Staff

Date

Approved By:



09/08/2023

Andrea L. Moore, Manager
Long-Term-Care State Licensing Section

Date