



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
ACTING DIRECTOR

September 15, 2023

David Zebley
Cambrian Senior Living
52365 W. 10 Mile Road
South Lyon, MI 48178

RE: License #: AH630375650
Cambrian Senior Living
52365 W. 10 Mile Road
South Lyon, MI 48178

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. 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 authorized representative and a date.

Upon receipt of an acceptable corrective action plan, a regular license will be issued. If you fail to submit an acceptable corrective action plan, disciplinary action will result. 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 #:	AH630375650
Licensee Name:	Cambrian Of Lyon, LLC
Licensee Address:	52365 W. 10 Mile Road South Lyon, MI 48178
Licensee Telephone #:	(517) 423-5300
Authorized Representative:	David Zebley
Administrator/Licensee Designee:	Amy Murphy
Name of Facility:	Cambrian Senior Living
Facility Address:	52365 W. 10 Mile Road South Lyon, MI 48178
Facility Telephone #:	(248) 344-0001
Original Issuance Date:	02/27/2017
Capacity:	90
Program Type:	AGED ALZHEIMERS

II. METHODS OF INSPECTION

Date of On-site Inspection(s): 09/14/2023

Date of Bureau of Fire Services Inspection if applicable: 11/7/2022, 1/9/2023, 2/9/2023

Inspection Type: Interview and Observation Worksheet
 Combination

Date of Exit Conference: 9/15/2023

No. of staff interviewed and/or observed 16

No. of residents interviewed and/or observed 34

No. of others interviewed One Role Resident's companion

- 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. Staff interviewed regarding disaster plan and disaster plan 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
- 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 325.1922 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.

Review of Resident E's service plan revealed it was last updated on 7/12/2022.

VIOLATION ESTABLISHED.

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's MARs revealed medications ordered PRN or "as needed" lacked specific written instructions for staff. For example, review of Resident A's MARs revealed she was prescribed Ibuprofen for pain and Morphine for pain/dyspnea. Review of Resident E's MARs revealed she was prescribed Ibuprofen for pain, Acetaminophen for pain/headache and Tramadol for pain. Resident A's MARs read there were two orders, and Resident E's MARs read there were three orders for PRN pain medications which lacked sufficient instructions to determine whether the medications were to be given together, separately, in tandem, or one instead of the other according to the severity of pain.

Furthermore, PRN medications did not always include written instructions for administration of the medications. For example, Resident B's MARs read Lorazepam, take one tablet by mouth at bedtime and three times daily as needed. Resident B's July 2023 MARs read Tramadol, take one tablet by mouth every six hours as needed; however, the August 2023 MARs read Tramadol was prescribed for "pain." Review of Resident C's MARs read he was prescribed Docusate Sodium, take one tablet by mouth daily as needed. Review of Resident D's MARs revealed he was prescribed Morphine, take 0.25 mL by mouth every four hours as needed and Lorazepam, take one tablet by mouth every evening, and may take one tablet every four hours as needed. There were no specific written instructions for staff describing the circumstances or reasons to necessitate administration of these PRN medications to Residents B, C, and D.

Additionally, review of Resident A's July 2023 MARs revealed there were two orders for PRN Ibuprofen.

VIOLATION ESTABLISHED.

IV. RECOMMENDATION

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

Jessica Rogers

09/15/2023

Date

Licensing Consultant