



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
ACTING DIRECTOR

September 7, 2023

Vijay Sahore
Assured Senior Living Group, LLC
25180 Lahser Road
Southfield, MI 48033

RE: License #: AH630382886
Royal Oak House

Dear Mr. Sahore:

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

License #:	AH630382886
Licensee Name:	Assured Senior Living Group, LLC
Licensee Address:	25180 Lahser Road Southfield, MI 48033
Licensee Telephone #:	(248) 262-2205
Authorized Representative:	Vijay Sahore
Administrator:	Suzanne Valoppi
Name of Facility:	Royal Oak House
Facility Address:	1900 N. Washington Ave. Royal Oak, MI 48073
Facility Telephone #:	(248) 585-2550
Original Issuance Date:	03/01/2018
Capacity:	57
Program Type:	ALZHEIMERS AGED

II. METHODS OF INSPECTION

Date of On-site Inspection(s): 09/05/2023

Date of Bureau of Fire Services Inspection if applicable: 02/16/1923

Inspection Type: Interview and Observation Worksheet
 Combination

Date of Exit Conference: 09/06/2023

No. of staff interviewed and/or observed 15

No. of residents interviewed and/or observed 22

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 the review of fire drills, but 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:
Reviewed previous corrective action plans, however there is a similar citation in this report for R 325.1932 and some licensing rules have changed and are no longer applicable.
- Number of excluded employees followed up? 4 N/A

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

<p>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:</p>	
<p>MCL 333.20201</p>	<p>Policy describing rights and responsibilities of patients or residents;</p>
	<p>(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:</p> <p style="padding-left: 40px;">(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.</p>
<p>Medication records were left open on a computer located atop of a medication cart in the memory care unit. Protected health information could be seen on all memory care residents.</p>	
<p>R 325.1921</p>	<p>Governing bodies, administrators, and supervisors.</p>
	<p>(1) The owner, operator, and governing body of a home shall do all of the following:</p> <p style="padding-left: 40px;">(b) Assure that the home maintains an organized program to provide room and board, protection, supervision, assistance, and supervised personal care for its residents.</p>
<p>For Reference R 325.1901</p>	<p>(p) "Protection" means the continual responsibility of the home to take reasonable action to ensure the health, safety, and well-being of a resident as indicated in the resident's service plan, including protection from physical harm, humiliation, intimidation, and social, moral, financial, and personal exploitation while on the premises, while under the supervision of the home or an agent or employee of the home, or when the resident's service plan states that the resident needs continuous supervision.</p>

Licensing staff observed bed rails on 11 resident beds. Many of the rails were loose with gapping large enough to be considered an entrapment risk. Ms. Valoppi confirmed that an additional six residents also had bed rails, however those were not directly observed during the onsite inspection. Ms. Valoppi stated that all 17 residents had physician's orders for the devices, however at this time those orders have not been providing to the department. Additionally, the resident service plans reviewed were void of any information pertaining to the assistive devices.

The lack of a reasonably organized program of protection related to these devices place staff at a disadvantage when attempting to meet the safety needs of residents and does not reasonably protect residents from the possibility of unnecessary entrapment and/or entanglement injury or death associated with such devices.

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 325.1901	(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.
Resident service plans were not updated to accurately reflect resident's use of assistive devices and receipt of hospice services, as applicable.	
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

	<p>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.</p>
<p>Ms. Valoppi stated that she was unaware that residents needed to have their TB screens completed prior to move in. Resident records were reviewed for Residents A, B, C, D and E. TB screens for Residents A, B, C and D were all completed after the residents were admitted to the facility. Upon review of the facility's TB policy, it was determined that their TB policy did not require a TB test prior to a resident move in.</p>	
<p>R 325.1923</p>	<p>Employee's health.</p>
	<p>(2) A home shall provide initial tuberculosis screening at no cost for its employees. New employees shall be screened within 10 days of hire and before occupational exposure. 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. Each 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 need to conduct annual TB testing for employees.</p>

<p>Ms. Valoppi stated that the facility does not require staff to complete TB testing upon hire. Five employee files were reviewed (Employees 1, 2, 3, 4, and 5) and none of the files contained evidence of a TB test as outlined in this rule. Upon review of the facility's TB policy, it was determined that their TB policy only required an annual risk assessment and no initial TB test.</p>	
R 325.1931	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.
<p>Medication administration records (MAR) were reviewed for the previous five-week period and the following observations were made:</p> <p>Resident A missed one or more scheduled doses of Novolog on 8/28/23, 8/29/23, 8/30/23 and 8/31/23. Based on the documentation provided it is unknown why Resident A 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.</p> <p>Resident B missed one or more scheduled doses of Acetaminophen on 8/1/23, 8/2/23, 8/5/23, 8/6/23, 8/8/23, 8/9/23, 8/12/23, 8/15/23, 8/16/23, 8/17/23, 8/18/23, 8/19/23, 8/20/23, 8/22/23, 8/23/23, 8/27/23, 8/28/23, 8/30/23, 9/2/23 and 9/3/23. Staff documented that Resident B was asleep on the above-mentioned dates, however there is no evidence to suggest that the resident was approached at a different time to administer the medication.</p> <p>Resident D missed multiple doses of scheduled medication on 8/3/23. Based on the documentation provided it is unknown why Resident D 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.</p> <p>[REPEAT VIOLATION ESTABLISHED]</p>	
R 325.1932	Resident medications.
	(1) A service plan must identify prescribed medication to be self-administered or managed by the home.
	(6) For a resident who is identified as self-administered in his or her service plan, the home must have a policy to offer a secured method of storage for medications if desired by the resident and to notify the applicable health

	care professional or legal representative if there is a change in a resident's capacity to self-medicate.
<p>Resident A and C's service plans do not specify if their medications are managed by the home or if they self-administer. Ms. Valoppi stated that staff administer both residents' medications.</p> <p>Over the counter medications were observed in Resident A and Resident F's apartments. Ms. Valoppi stated that neither resident is capable to self-administer their medications. The medications were not secured and the facility could not assure that medications were taken safely. Ms. Valoppi stated that the facility does not monitor resident's use of over-the-counter medication and had no means of tracking or taking inventory. The facility also has no way to ensure that over the counter medications do not interfere with prescribed medication taken by residents.</p>	
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.
<p>Employee 6 initially reported that facility staff were not completing a meal census. He then provided a few pages of documentation that outlined meals made and served, however the documents were not dated, and kitchen staff were unaware of when they were completed. It was clear that the facility lacked consistency in fulfilling this requirement.</p>	
R 325.1972	Solid wastes.
	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.
<p>Multiple garbage cans throughout the facility were observed without lids, including several in the commercial kitchen.</p>	
R 325.1974	Laundry and linen.
	(1) A home that processes its own linen shall provide a well ventilated laundry of sufficient size which shall be equipped to meet the needs of the home.

	Soiled linens were observed in a large bin in a memory care unit hallway. The bin did not have a lid, there area was not properly ventilated to house human waste and there was no means of preventing cross contamination between soiled and clean items.
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.
	Multiple perishable food items in the commercial kitchen's walk-in refrigerator and freezer were not properly labeled, dated or sealed. These items include but are not limited to cheese, ground beef, lunch meet, soup and a tomato-based sauce.
R 325.1976	Kitchen and dietary.
	(7) Perishable foods shall be stored at temperatures which will protect against spoilage.
	Facility staff were not regularly monitoring or recording refrigerator and freezer temperatures in the commercial kitchen which housed numerous perishable food times consumed by residents daily. The last recorded temperature for the walk-in fridge/freezer was 8/17/23.
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.
	Employee 6 reported that the facility uses a high temperature dish machine to sanitize the dishes. The facility was unable to produce any temperature logs demonstrating regular monitoring to ensure the water temperature is sufficient to sanitize the dishes.
R 325.1979	General maintenance and storage.
	(1) The building, equipment, and furniture shall be kept clean and in good repair.

A broken handrail was observed in the assisted living 120s hallway. A portion of the handrail was still attached to the wall, leaving a sharp and jagged exposed edge.	
R 325.1979	General maintenance and storage.
	(3) Hazardous and toxic materials shall be stored in a safe manner.
A janitor's closet located in a hallway on the first-floor assisted living side was propped open. The closet housed numerous toxic chemicals and cleaning agents. Additionally, hazardous and toxic materials (various cleaning agents and detergents) were found unsecured in the memory care nurses station and the memory care living room. 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, renewal of the license is recommended.



09/07/2023

Elizabeth Gregory-Weil
Licensing Consultant

Date