



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
ACTING DIRECTOR

August 31, 2023

Jennifer Hescott
Provision Living at Canton
49825 Ford Road
Canton, MI 48187

RE: License #: AH820412296
Provision Living at Canton
49825 Ford Road
Canton, MI 48187

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 home for the aged 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,

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 #: AH820412296

Licensee Name: AEG Canton Opco LLC

Licensee Address: Ste 207
9450 Manchester Rd.
St. Louis, MO 63119

Licensee Telephone #: (314) 272-4980

Authorized Representative: Jennifer Hescott

Administrator/Licensee Designee: Jami McDaniel

Name of Facility: Provision Living at Canton

Facility Address: 49825 Ford Road
Canton, MI 48187

Facility Telephone #: (734) 589-0380

Original Issuance Date: 07/17/2023

Capacity: 95

Program Type: ALZHEIMERS
AGED

II. METHODS OF INSPECTION

Date of On-site Inspection(s): 08/29/2023

Date of Bureau of Fire Services Inspection if applicable: 10/21/2022, 1/23/2023, 4/21/2023, 6/9/2023

Inspection Type: Interview and Observation Worksheet
 Combination

Date of Exit Conference: 8/29/2023

No. of staff interviewed and/or observed 9
No. of residents interviewed and/or observed 23
No. of others interviewed One Role Assisted Living resident's daughter

- 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: 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 325.1923

Employee's health.

(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.

Review of employee files revealed tuberculosis (TB) screenings were not completed within 10 days of hire and before occupational exposure. Additionally, the facility lacked an annual TB risk assessment for the facility in which was completed by the regional director of operations on 8/30/2023.

Review of Employee #1's file revealed he was hired on 4/13/2022, his tuberculosis (TB) screening was completed 4/22/2022 and it could not be determined when Employee #1 started working within the facility.

Review of Employee #2's file revealed her date of hire was 9/9/2022 and her TB screening was completed 12/31/2022.

Review of Employee #3's file revealed her date of hire was 5/13/2022 and her TB screening was completed 7/23/2022.

Review of Employee #4's file revealed her date of hire was 7/6/2023 and lacked a TB screening.

VIOLATION ESTABLISHED.

R 325.1931 Employees; general provisions.

(3) The home shall designate 1 person on each shift to be supervisor of resident care during that shift. The supervisor of resident care shall be fully dressed, awake, and on the premises when on duty.

Review of the August 2023 staffing schedule revealed there were three shifts and it lacked designation of one supervisor of resident care for each shift.

VIOLATION ESTABLISHED.

R 325.1931 Employees; general provisions.

(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:

- (a) Reporting requirements and documentation.**
- (b) First aid and/or medication, if any.**
- (c) Personal care.**
- (d) Resident rights and responsibilities.**
- (e) Safety and fire prevention.**
- (f) Containment of infectious disease and standard precautions.**
- (g) Medication administration, if applicable.**

**For Reference:
R 325.1981**

Disaster plans.

(3) Personnel shall be trained to perform assigned tasks in accordance with the disaster plan.

Review of Employee #3's file revealed she completed medication administration training on 5/26/2022; however, lacked other training pertaining to reporting requirements and documentation, personal care, resident rights and responsibilities, safety and fire prevention, and containment of infectious disease and standard precautions.

Review of Employees #1, #2, and #4 files revealed they lacked training records for all the above, if applicable, training requirements.

Interview with Employee #3 revealed she did not know where the disaster plan book was in the memory care unit nor the procedure if a fire was identified. For example, Employee #3 stated staff were to evacuate all residents.

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.

**For Reference:
R 325.1932**

Resident's medications.

(3) Staff who supervise the administration of medication for residents who do not self-administer shall comply with all of the following:

(b) Complete an individual medication log that contains all of the following information:

(iii) Label instructions for use of the prescribed medication or any intervening order.

(vi) A record if the resident refuses to accept prescribed medication and notification as required in subdivision (c) of this subrule.

(vii) A record of the reason for administration of a prescribed medication that is on an as-needed basis.

(c) Contact the appropriate licensed health care professional when the prescribed medication has not been administered in accordance with the label instruction, an order from a health care professional, medication log, or a service plan.

Interview with Employee #5 revealed medication technicians were to conduct a narcotic count at the change of each shift in which they would each sign the narcotic count log to confirm that the narcotic counts were correct. Observations of the narcotic count log revealed staff did not always sign that the narcotic counts. For example, the narcotic count log was incomplete on the following dates: 8/4/2023 through 8/7/2023, 8/10/2023, 8/11/2023, 8/13/2023 through 8/15/2023, 8/18/2023 through 8/21/2023, 8/24/2023 through 8/26/2023.

Interview with regional director of clinical services revealed the facility was without power on 8/25/2023 and 8/26/2023 in which staff were to document medication administration on a separate hand-written record.

Review Residents A, B, C and E's August 2023 medication administration records (MARs) revealed one or more doses of medications were left blank on handwritten records on the following dates: 8/25/2023 and 8/26/2023. Resident B's MARs read one or more medication doses were left blank on 8/27/2023. Resident C's MARs read one or more medication doses were left blank on 8/24/2023 and 8/27/2023. Review of Resident D's August 2023 MARs revealed she did not have handwritten medication records for 8/25/2023 and 8/26/2023. Review of Resident E's MARs read one or more medication doses were left blank for 8/20/2023.

Medications ordered PRN or "as needed" did not always include written instructions for administration of the medications. For example, Resident A's MARs read she was prescribed Acetaminophen 325 mg take two tablets by mouth up to three times daily as needed. Resident B's MARs read he was prescribed Lorazepam, take one tablet by mouth every four hours as needed. Resident C's MARs read she was prescribed Haloperidol lactate, take 0.5 mL by mouth every six hours as needed and Tramadol, take one tablet by mouth every eight hours as needed. Resident E's MARs read she was prescribed Acetaminophen, take two tablets by mouth every six hours as needed, Calcium Antacid, chew and swallow one tablet by mouth twice daily as needed, and Meclizine, take one tablet by mouth once daily as needed. There were no specific written instructions for staff describing the circumstances or reasons to necessitate administration of the as needed medications to Residents A, B and C.

Resident C's MAR read she was prescribed Acetaminophen, Tramadol, and Morphine as needed in which lacked sufficient instructions to determine whether the medications were to be given together, separately, in tandem, or one instead of the other.

Medications were ordered and not always administered in accordance with the order from the licensed health care professional. For example, Resident B's MAR read he was prescribed Fluticasone propionate spray, use one spray in each nostril daily in which staff documented the medication was not administered because he refused on 7/1/2023 to 7/4/2023, 7/6/2023, 7/7/2023, 7/10/2023, 7/11/2023 to 7/31/2023, 8/1/2023 to 8/22/2023 and 8/24/2023 to 8/29/2023. Resident B's MAR read he was prescribed Tamsulosin, take one capsule by mouth once daily in which staff documented the medication was not administered because he refused on 7/1/2023 through 7/4/2023, 7/6/2023, 7/7/2023, 7/11/2023 through 7/31/2023, 8/1/2023 through 8/9/2023, 8/11/2023 through 8/14/2023, 8/16/2023 through 8/22/2023, 8/24/2023, 8/28/2023 and 8/29/2023. Resident's licensed health care professionals should be contacted to obtain further instructions for medications refused since they were not administered as prescribed.

Additionally, Resident B's MARs read he was prescribed Lorazepam, take one tablet by mouth every four hours as needed in which staff documented the reason for administration was "pain" on 8/21/2023. Review of Resident E's MAR read she was prescribed Lorazepam, take one tablet every four hours as needed for anxiety in which staff documented the reason for administration was "pain" on 7/19/2023, 7/20/2023 and 7/27/2023. Resident E's MARs read she was prescribed Morphine for pain or shortness of breath in which staff documented the reason for administration as "behavior issue" and "keep not wanting to be still and keeps falling" on 8/3/2023. The reasons for administration of the as needed medications was not consistent with the reason it was prescribed by licensed health care professional.

VIOLATION ESTABLISHED.

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.

Interview with Employee #5 revealed the previous week's production sheet was completed; however, her records lacked the preceding three-month period. Employee #5 stated she received and started to complete the production sheets last week.

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 #5 revealed the use of chemical sanitization was utilized and tested daily then recorded to demonstrate the task was completed. The *Daily Sanitizing Checklist Heat Sanitizing Dish Machine* record read in part staff were to document the date, time, wash temperature, rinse temperature and final rinse temperature; however, the July 2023 records were incomplete. For example, the final rinse temperature was left blank from 7/7/2023 to 7/31/2023. Additionally, the August 2023 records were incomplete and left blank from 8/10/2023 through 8/28/2023.

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 beets, various soups in separate containers, cheese, and dill pickle relish.

Inspection of the memory care unit kitchenette revealed the refrigerator contained items that were not dated including but not limited to peaches, grapes, orange slices, waffles, cranberries, grape jelly, and mustard. Additionally, the freezer contained a frozen drink that was not dated.

VIOLATION ESTABLISHED.

IV. RECOMMENDATION

Contingent upon receipt of an acceptable corrective action plan and payment of the licensed bed fee, renewal of the license is recommended once the six-month temporary license has expired on 1/16/2024.



08/31/2023

Date

Licensing Consultant