

GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS LANSING

MARLON I. BROWN, DPA ACTING DIRECTOR

October 10, 2023

Lou Petroni The Arbor Inn 14030 E Fourteen Mile Rd. Warren, MI 48088

RE: License #: AH500236728

The Arbor Inn

14030 E Fourteen Mile Rd.

Warren, MI 48088

Dear Mr. Petroni:

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 licensee or licensee designee or 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 (517) 284-9730.

Sincerely,

Brender Howard, Licensing Staff

Grander J. Howard

Bureau of Community and Health Systems

611 W. Ottawa Street, P.O. Box 30664

Lansing, MI 48909

(313) 268-1788

enclosure

MICHIGAN DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS BUREAU OF COMMUNITY AND HEALTH SYSTEMS RENEWAL INSPECTION REPORT

I. IDENTIFYING INFORMATION

License #:	AH500236728
Licensee Name:	The Warren Arbor Co.
Licensee Address:	14030 E 14 Mile Rd. Warren, MI 48088
Licensee Telephone #:	(586) 296-3260
Authorized Representative:	Lou Petroni
Administrator:	Francesca DePalma
Name of Facility:	The Arbor Inn
Facility Address:	14030 E Fourteen Mile Rd. Warren, MI 48088
Facility Telephone #:	(586) 296-3260
Original Issuance Date:	06/01/1999
Capacity:	136
Program Type:	AGED

II. METHODS OF INSPECTION

Date of On-site Inspection	(s): 10/05/2023	
Date of Bureau of Fire Ser	vices Inspection if applicable:	03/07/2023
Inspection Type:	☐Interview and Observation ☐Combination	⊠Worksheet
Date of Exit Conference:	10/05/2023	
No. of staff interviewed an No. of residents interviewed No. of others interviewed		11 51 ber
Medication pass / sim	ulated pass observed? Yes 🏻	No ☐ If no, explain.
explain. ■ Resident funds and a Yes ⊠ No ☐ If no,	dication records(s) reviewed? Y ssociated documents reviewed f explain. rvice observed? Yes ⊠ No □	or at least one resident?
Staff interviewed on the	Yes ☐ No ☑ If no, explain. ne policy and procedures hecked? Yes ☑ No ☐ If no, e	explain.
• Corrective action plan 6/01/2023 2023A102 20201(1), 1921 (1), 19	up? Yes IR date/s: N/A n compliance verified? Yes 27067 1921(1), 1976(6); 6/28/2 931 (2), 1922 (5), 1922 (8) mployees followed up? 1 N/A	

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

This facility was	found to be in non-compliance with the following rules:	
R 325.1922	(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.	
	A review of seven residents' records revealed that five of the service plans were not updated.	
R 325.1924	(1) A home for the aged must implement and maintain a quality review program consistent with section 20175(8) of the act, MCL 333.20175, and the professional review function. The program is responsible for all of the following:	
	 (a) Reviewing and evaluating incidents (b) Identifying effective means to correct any deficient practice. (c) Ensuring resident safety and quality of care. (d) Improving procedures. 	
	Administrator stated that she has not implemented the quality review program.	

R 325.1932	(3) Staff who supervise the administration of medication for residents who do not self-administer shall comply with all of the following: (a) Complete an individual medication log that contains all of the following information: (i) The name of the prescribed medication. (ii) The prescribed required dosage and the dosage that was administered. (iii) Label instructions for use of the prescribed medication or any intervening order. (iv) The time when the prescribed medication is to be administered and when the medication was administered. (v) The initials of the individual who administered the prescribed medication. (vi) A record if the resident refuses to accept prescribed medication and notification as required in subdivision (c) of this subrule. (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.
	A review of Resident A, and Resident B medication administrator record (MAR) revealed that they had refusals throughout the month of September but there is no indication that the physician was notified or anything in the service plan related to the refusals of medication.
R 325.1964	Interiors.
	(9) Ventilation shall be provided throughout the facility in the following manner:(b)Bathing rooms, beauty shops, toilet rooms, soiled linen rooms, janitor closets, and trash holding rooms should be provided with a minimum of 10 air changes per hour of continuously operated exhaust ventilation that provide discernable air flow into each of these rooms.
	The residents' bathing/toilet facilities located in rooms 302, 317,409,410, 412, 501, 607, 612, 710, 806, 812, 814, and the janitor closet lacked adequate and discernable air flow.

R 325.1976	(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.
	Flour container had flour spread on the top of it and the scooper was laying on top of the container without any covering.

IV. RECOMMENDATION

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

Date