



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

MARLON I. BROWN, DPA  
ACTING DIRECTOR

October 11, 2023

Mark Walker  
The Pines of Clarkston  
7550 Dixie Hwy  
Clarkston, MI 48346

RE: License #: AH630382729  
The Pines of Clarkston  
7550 Dixie Hwy  
Clarkston, MI 48346

Dear Mark Walker:

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. Please review the enclosed documentation for accuracy and contact me with any questions. If 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,

Aaron Clum, Licensing Staff  
Bureau of Community and Health Systems  
611 W. Ottawa Street  
P.O. Box 30664  
Lansing, MI 48909  
(517) 230-2778

enclosure

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

**I. IDENTIFYING INFORMATION**

<b>License #:</b>	AH630382729
<b>Licensee Name:</b>	Premier Operating Clarkston AL, LLC
<b>Licensee Address:</b>	245 Park Ave, 39th Floor New York, NY 10167
<b>Licensee Telephone #:</b>	(212) 739-0794
<b>Authorized Representative:</b>	Mark Walker
<b>Administrator:</b>	Rebecca Nagey
<b>Name of Facility:</b>	The Pines of Clarkston
<b>Facility Address:</b>	7550 Dixie Hwy Clarkston, MI 48346
<b>Facility Telephone #:</b>	(248) 922-7000
<b>Original Issuance Date:</b>	03/28/2017
<b>Capacity:</b>	30
<b>Program Type:</b>	AGED

## II. METHODS OF INSPECTION

Date of On-site Inspection(s): 09/27/2023

Date of Bureau of Fire Services Inspection if applicable: 8/07/2023

Inspection Type:  Interview and Observation  Worksheet  
 Combination

Date of Exit Conference: 9/27/2023

No. of staff interviewed and/or observed 8  
No. of residents interviewed and/or observed 15  
No. of others interviewed N/A 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. Facility does not maintain resident funds
- Meal preparation / service observed? Yes  No  If no, explain.
- Fire drills reviewed? Yes  No  If no, explain.
- 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:  
SI#2021A0784056/1917(2): SI#2021A1011010/1924(1)/1932(3):  
2021A1027029/1924(1):  
SI#2023A1019032/1924,20201(1),20173a(1),1921(1),1922(5),1923(2),1935(4),1944(1),1964(2),1970(7),1973,1976(6),1976(8),1976(13),1976(15),1979(1)
- Number of excluded employees followed up? N/A

### III. DESCRIPTION OF FINDINGS & CONCLUSIONS

<p>This facility was found to be in non-compliance with the following rules:</p>	
<p><b>R 325.1922</b></p>	<p><b>Admission and retention of residents.</b></p>
	<p><b>(7) An individual admitted to residence in the home shall have evidence of tuberculosis screening on record in the home which consists of an intradermal skin test, chest x-ray, or other methods recommended by the local health authority 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 Transmission of Mycobacterium tuberculosis in Health-Care Settings, 2005” (<a href="http://www.cdc.gov/mmwr/pdf/rr/rr5417.pdf">http://www.cdc.gov/mmwr/pdf/rr/rr5417.pdf</a>), 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.</b></p>
<p>Upon request, the facility was unable to provide a community TB risk assessment that included residents. Based on the findings, the facility is not in compliance with this rule.</p>	
<p><b>R 325.1923</b></p>	<p><b>Employee's health.</b></p>
	<p><b>(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 (<a href="http://www.cdc.gov/mmwr/pdf/rr/rr5417.pdf">http://www.cdc.gov/mmwr/pdf/rr/rr5417.pdf</a>), 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</b></p>

	<b>annually. Homes that are low risk do not need to conduct annual TB testing for employees.</b>
<p>Upon request, the facility was unable to provide a community risk assessment that included employees. Additionally, review of employment records revealed she she was hired by the facility on 9/18/2023 with the only T.B. screening on file dated 3/01/2023. When interviewed, administrator Rebecca Nagey stated Associate 1's T.B. screening from previous employment. Ms. Nagey reported she thought employee T.B. screenings were acceptable if completed within a year of employment. Based on the findings, the facility is not in compliance with this rule.</p>	
<b>REPEAT VIOLATION: REFERENCE SI#2023A1019032</b>	
<b>R 325.1932</b>	<b>Resident medications.</b>
	<b>(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.</b>
<p>During the inspection, I observed a small medication cut in the top drawer of the medication cart Associate 2 was working on. When interviewed, Associate 2 reported the medications belonged to Resident A. At this time it was after 10am and Associate 2 stated the medications were scheduled to be administered at 8am. Associate 2 stated she had popped the medications out of the medication bubble packs that contain them with the intention of administering them to Resident A sometime before 9am, however she stated Resident A was still asleep as she often is at that time. Associate 2 stated that at approximately 10am, she attempted to administer the medications, however Resident A had already left the facility with a family member. Review of Resident A's physician orders confirmed the medications were schedule to be administered at 8am. Associate 2 stated that while Resident A regularly receives her morning medications late due to sleeping in, no discussions have been had to address the issue. Based on the findings, the facility is not in compliance with this rule.</p>	
<b>R 325.1932</b>	<b>Resident medications.</b>
	<b>(3) Staff who supervise the administration of medication for residents who do not self-administer shall comply with all of the following:</b> <b>(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.</b>

<p>When interviewed, Associate 2 stated she had not contacted Resident A's physician to report that she did not receive her medications. Associate 2 stated she was not aware she needed to contact the physician under those circumstances. Based on the findings, the facility is not in compliance with this rule.</p>	
<b>R 325.1942</b>	<b>Resident records.</b>
	<p><b>(3) The resident record shall include at least all of the following:</b>  <b>(f) Health information, as required by MCL 333.20175(1), and other health information needed to meet the resident's service plan.</b></p>
<p>Upon request, the facility was unable to provide Initial T.B. screening documentation for Residents B and C. Based on the findings, the facility is not in compliance with this rule.</p>	
<b>R 325.1944</b>	<b>Employee records and work schedules.</b>
	<p><b>(1) A home shall maintain a record for each employee which shall include all of the following:</b>  <b>(d) Summary of experience, education, and training.</b></p>
<p>Upon request, the facility was unable to provide Associate 1's summary of training. Based on the findings, the facility is not in compliance with this rule.</p>	
<p><b>REPEAT VIOLATION: REFERENCE SI#2023A1019032</b></p>	
<b>R 325.1973</b>	<b>Heating.</b>
	<p><b>(1) A home shall provide a safe heating system that is designed and maintained to provide a temperature of at least 72 degrees Fahrenheit measured at a level of 3 feet above the floor in rooms used by residents.</b></p>
<p>During the inspection, the thermostat in several resident rooms, for example, Rooms 9, 15 and 16, read below 72 degrees and were set below 72 degrees.</p>	
<p><b>REPEAT VIOLATION: REFERENCE SI#2023A1019032</b></p>	
<b>R 325.1976</b>	<b>Kitchen and dietary.</b>
	<p><b>(8) A reliable thermometer shall be provided for each refrigerator and freezer.</b></p>

During the inspection, I observed the inside of Resident C's refrigerator, located in his room, which did not have a thermometer. Based on the findings, the facility is not in compliance with this rule.

**REPEAT VIOLATION: REFERENCE SI#2023A1019032**

**IV. RECOMMENDATION**

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

*Aaron L. Clum*

10/11/2023

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Licensing Consultant

Date