



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

MARLON I. BROWN, DPA  
ACTING DIRECTOR

November 17, 2023

Jennifer Hescott  
University Living  
Suite 300  
One Town Center Rd  
Boca Raton, FL 33486

RE: License #: AH810401699  
University Living  
2865 S. Main Street  
Ann Arbor, MI 48103

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,

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#:** AH810401699

**Licensee Name:** Ann Arbor Senior Housing OPCO, LLC

**Licensee Address:** Ste 310  
One Town Center Rd  
Boca Raton, FL 33486

**Licensee Telephone #:** 561-300-6263

**Authorized Representative:** Jennifer Hescott

**Administrator/Licensee Designee:** Kelly Hardy

**Name of Facility:** University Living

**Facility Address:** 2865 S. Main Street  
Ann Arbor, MI 48103

**Facility Telephone #:** (734) 669-3030

**Original Issuance Date:** 05/26/2021

**Capacity:** 90

**Program Type:** ALZHEIMERS  
AGED

## II. METHODS OF INSPECTION

Date of On-site Inspection(s): 11/16/2023

Date of Bureau of Fire Services Inspection if applicable: 5/3/2023 and 7/6/2023

Inspection Type:  Interview and Observation  Worksheet  
 Combination

Date of Exit Conference: 11/21/2023

No. of staff interviewed and/or observed 17

No. of residents interviewed and/or observed 28

No. of others interviewed One Role A 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.
- 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: CAP dated 1/6/2022 to Renewal Licensing Study Report (LSR) dated 12/19/2021: R 325.1923(2), 325.1932(1), 325.1932(2), 325.1932(3)(e), 325.1954, 325.1964(9)(b)
- CAP dated 3/21/2022 to Special Investigation Report (SIR) 2022A1019026 dated 3/9/2022: 325.1933(2), 325.1931(2)
- CAP dated 5/31/2023 to SIR 2022A0585059 dated 5/18/2023: 325.1932(1)
- CAP dated 6/12/2023 to SIR 2023A1027063 dated 5/31/2023: 325.1931(2)
- CAP dated 10/4/2023 to SIR 2023A0585087 dated 9/21/2023: 325.1931(2)
- Number of excluded employees followed up? Three 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 employee tuberculosis (TB) screenings were not in compliance with this rule in which below were examples identified.

Employee #1's file read her hire date was 3/6/2023 and TB skin test was completed 7/19/2023, then read on 7/22/2023.

Employee #2's file read her hire date was 2/1/2023 and TB skin test was completed 7/19/2023, then read on 7/21/2023.

Employee #3's file read her hire date was 6/5/2023 and TB skin test was completed 7/19/2023, then read on 7/21/2023.

Employee #5's file read her hire date was 4/24/2023, and TB skin test was completed on 7/18/2023, then read on 7/20/2023.

Employee #6's file read her hire date was 4/21/2023, and TB skin test was completed on 7/19/2023, then read on 7/21/2023.

**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.**

**For Reference:  
333.20178**

**Nursing home, home for the aged, or county medical care facility; description of services to patients or residents with Alzheimer's disease; contents; "represents to the public" defined.**

**(d) Staff training and continuing education practices.**

Review of employee training records revealed training was not in compliance with this rule in which below were examples identified.

Employee #3's file read she hired as a housekeeper on 6/5/2023 and review of her training records revealed she received Alzheimer's training on 11/7/2023; however, the records lacked training on reporting requirements and documentation, resident rights and responsibilities, safety and fire prevention, infectious disease, and standard precautions.

Employee #4's file read he was hired as a resident assistant on 7/31/2023 and review of his training records revealed he completed a *Resident Assistant Training Checklist* on 8/9/2023; however, it was incomplete or left blank for the following training areas: reporting, abuse/neglect, and disaster plans.

**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.**

Residents prescribed medications were not always administered per the licensed health care professional's order.

For example, Resident B's October 2023 medication administration record (MAR) read his blood sugar readings at 8:00 PM on 10/26/2023 and 10/29/2023 were 422 and 304 consecutively. Resident B's MARs read he was prescribed Novolog FlexPen, inject 5 units subcutaneously twice daily as needed for blood sugar greater than 300 (hold if blood sugar is less than 100). The MARs lacked documentation that as needed Novolog was administered on those dates, thus, staff did not always follow Resident B's medication administration orders. Additionally, the MARs read on 10/16/2023 and 10/18/2023 at 8:00 PM, Resident B's blood sugar read "high" in which it could not be determined if Resident B's blood sugar required administration of his prescribed as needed Novolog or not.

Resident E's October 2023 MAR read she was prescribed Hydralazine, take one tablet by mouth every eight hours, hold if systolic blood pressure (SBP) is less than 110 in which staff initialed the medication as administered on 10/25/2023 for a blood pressure of 108/83.

Additionally, residents as needed, or PRN medications were not always administered as prescribed.

For example, Resident E's September and October 2023 MARs read she was prescribed Quetiapine 25 mg, take ½ tablet by mouth twice daily for agitation in which staff documented the reason for administration was "sleep" on the following dates 9/1/2023, 9/2/2023, 9/4/2023, 9/6/2023, 9/8/2023, 9/10/2023, 9/11/2023, 9/13/2023, 9/14/2023, 9/18/2023, 9/20/2023, 9/22/2023, 9/24/2023, 9/26/2023, 9/28/2023, 10/2/2023, 10/7/2023, and 10/9/2023. The October MAR read the Quetiapine was discontinued on 10/10/2023 and prescribed as a scheduled bedtime medication. Nonetheless, staff did not always document the reason for administration of as needed medications consistent with licensed health care professional's orders.

**REPEAT VIOLATION ESTABLISHED.**

**[For reference, see Renewal Licensing Study Report (LSR) dated 12/19/2021, CAP dated 1/6/2022]**

**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.**

Review of the facility's "Production Summary Worksheets with Temperatures" dated October 2023 revealed they were incomplete or left blank for one or more meals. For example, the worksheets were left incomplete or blank on the following dates: 10/1/2023, 10/2/2023, 10/4/2023, 10/6/2023, 10/5/2023, 10/7/2023, 10/10/2023, 10/11/2023, and 10/13/2023.

**REPEAT VIOLATION ESTABLISHED.**

**[For reference, see Renewal Licensing Study Report (LSR) dated 12/19/2021, CAP dated 1/6/2022]**

**333.20173a Covered facility; employees or applicants for employment; prohibitions; criminal history check; procedure; conditional employment or clinical privileges; knowingly providing false information as misdemeanor; prohibited use or dissemination of criminal history information as misdemeanor; review by licensing or regulatory department; conditions of continued employment; failure to conduct criminal history checks as misdemeanor; storage and retention of fingerprints; notification; electronic web-based system; definitions.**

**(2) Except as otherwise provided in this subsection or subsection (5), a covered facility shall not employ, independently contract with, or grant privileges to an individual who regularly has direct access to or provides direct services to patients or residents in the covered facility until the covered facility or staffing agency has a criminal history check conducted in compliance with this section or has received criminal history record information in compliance with subsections (3) and (10).**

Review of Employee #3's file revealed she was hired on 6/5/2023; however, the file lacked verification of completion of a Workforce Background Check.

Review of Employee #6's file revealed she was hired on 4/21/2023; however, her Workforce Background Check was dated 6/2/2023; thus, it could not be determined if she worked and had direct access to residents with or without supervision during that time.

**VIOLATION ESTABLISHED.**

**IV. RECOMMENDATION**

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



*Jessica Rogers*

11/17/2023

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Date

Licensing Consultant