



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

MARLON I. BROWN, DPA  
ACTING DIRECTOR

December 12, 2023

Jordan Houston  
Townehall Place of West Bloomfield  
4460 Orchard Lake Road  
West Bloomfield, MI 48323

RE: License #: AH630378427  
Investigation #: 2024A1027001  
Townehall Place of West Bloomfield

Dear Licensee:

Attached is the Special Investigation Report for the above referenced facility. Due to the violations identified in the report, a written corrective action plan is required. 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 time frames 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 authorized representative and a date.

If you desire technical assistance in addressing these issues, please feel free to contact me. In any event, the corrective action plan is due within 15 days. Failure to submit an acceptable corrective action plan will result in disciplinary action. 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 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  
SPECIAL INVESTIGATION REPORT**

**I. IDENTIFYING INFORMATION**

<b>License #:</b>	AH630378427
<b>Investigation #:</b>	2024A1027001
<b>Complaint Receipt Date:</b>	10/02/2023
<b>Investigation Initiation Date:</b>	10/03/2023
<b>Report Due Date:</b>	12/01/2023
<b>Licensee Name:</b>	Orchard Lake Senior Care, LLC
<b>Licensee Address:</b>	Suite 1600 1000 Legion Place Orlando, FL 32801
<b>Licensee Telephone #:</b>	(407) 999-2400
<b>Authorized Representative/ Administrator:</b>	Jordan Houston.
<b>Name of Facility:</b>	Townehall Place of West Bloomfield
<b>Facility Address:</b>	4460 Orchard Lake Road West Bloomfield, MI 48323
<b>Facility Telephone #:</b>	(248) 683-1010
<b>Original Issuance Date:</b>	11/16/2015
<b>License Status:</b>	REGULAR
<b>Effective Date:</b>	05/16/2023
<b>Expiration Date:</b>	05/15/2024
<b>Capacity:</b>	75
<b>Program Type:</b>	AGED

## II. ALLEGATION(S)

	<b>Violation Established?</b>
Resident B was transferred improperly.	No
Residents A and D lacked showers. Resident C was left soiled.	Yes
Resident E's medications were left in his apartment.	No
Staff walkie talkies and pagers were not working properly. The fire panel was inoperable. The dishwasher and garbage disposal were inoperable.	No
Additional Findings	No

The complainant identified some concerns that were not related to licensing rules and statues for a home for the aged. Therefore, only specific items pertaining to homes of the aged provisions of care were considered for investigation. The following items were that that could be considered under the scope of licensing.

The complaint alleged the facility was short staffed which was investigated in Special Investigation Report (SIR) 2023A0784080 dated 9/13/2023.

The complaint alleged there were holes in the MARs (mediation administration records) from 9/25/2023 through 9/28/2023 in which was investigated in SIR 2023A1027095 dated 11/1/2023. The complaint alleged Resident A had not received her medications which was also investigated in SIR 2023A1027095 dated 11/1/2023.

## III. METHODOLOGY

10/02/2023	Special Investigation Intake 2024A1027001
10/03/2023	Special Investigation Initiated - Letter Emailed referral with allegations to APS
10/03/2023	APS Referral
10/17/2023	Inspection Completed On-site
10/18/2023	Contact - Document Received Additional information/documentation received by email from Jordan Houston
11/02/2023	Contact - Document Sent

	Two emails sent to Jordan Houston requesting additional documentation
11/02/2023	Contact - Document Received Email received from Jordan Houston with documentation requested.
11/02/2023	Inspection Completed BCAL – Sub Compliance
12/12/2023	Exit Conference Conducted with Jordan Houston by email

**ALLEGATION:**

**Resident B was transferred improperly.**

**INVESTIGATION:**

On 10/2/2023, the Department received an anonymous complaint which alleged Resident B was transferred with one staff member and a Hoyer lift on 9/28/2023. Due to the anonymous nature of the complaint, I was unable to obtain additional information from the complainant.

On 10/17/2023, I conducted an on-site inspection at the facility. I conducted an interview with administrator Jordan Houston who stated Resident B transferred by Hoyer lift. Mr. Houston stated Resident’s B family also maintained a camera in her room. Mr. Houston stated he was not informed that she was transferred with one person assist. Mr. Houston stated two staff members were supposed to assist with Hoyer lift transfers. Mr. Houston stated Resident B had declined and was no longer able to bear weight, so she required the use of the Hoyer lift for transfers to her wheelchair. Mr. Houston stated he recently conducted Hoyer lift training per Resident B’s daughter request prior to implementing the device with her. Mr. Houston stated Resident B’s daughter kept the sling for the Hoyer lift until she confirmed all staff were trained. Mr. Houston stated he communicated with Resident B’s daughter one week after implementing the Hoyer lift for transfers with Resident B and there were no concerns, and it was going well.

While on-site, I interviewed Employees #1 and #2 whose statements were consistent with Mr. Houston.

I reviewed the Hoyer lift in-service training sign-in dated 9/22/2023 which read consistent with statements from Mr. Houston.

I reviewed Resident B’s service plan updated on 10/13/2023 which read consistent with statements from Mr. Houston. The plan read in part Resident B had left sided weakness related to a stroke.

Review of Resident B’s records revealed she required two-person assistance with a Hoyer lift.

<b>APPLICABLE RULE</b>	
<b>R 325.1931</b>	<b>Employees; general provisions.</b>
	<p><b>(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:</b></p> <ul style="list-style-type: none"> <li><b>(a) Reporting requirements and documentation.</b></li> <li><b>(b) First aid and/or medication, if any.</b></li> <li><b>(c) Personal care.</b></li> <li><b>(d) Resident rights and responsibilities.</b></li> <li><b>(e) Safety and fire prevention.</b></li> <li><b>(f) Containment of infectious disease and standard precautions.</b></li> <li><b>(g) Medication administration, if applicable.</b></li> </ul>
<b>ANALYSIS:</b>	Review of facility documentation revealed staff were trained to use the Hoyer lift and there was insufficient evidence to support she was transferred improperly; therefore, this allegation was not substantiated.
<b>CONCLUSION:</b>	<b>VIOLATION NOT ESTABLISHED</b>

**ALLEGATION:**

**Residents A and D lacked showers. Resident C was left soiled.**

**INVESTIGATION:**

On 10/2/2023, the Department received an anonymous complaint which alleged Resident C was left soiled and unchanged all night on 9/27/2023. The complaint alleged Residents A and D were not receiving showers per their service plans. Due to the anonymous nature of the complaint, I was unable to obtain additional information from the complainant.

On 10/17/2023, I conducted an on-site inspection at the facility. I interviewed Jordan Houston who stated shower schedules were located on each floor and staff were to complete shower sheets for each resident.

Mr. Houston who stated Resident C could make her needs known. Mr. Houston stated first shift staff was reported Resident C had not been changed throughout the

night. Mr. Houston stated he investigated and interviewed Resident C, but she was unable to answer his questions appropriately. Mr. Houston stated Resident C did not have skin breakdown. Mr. Houston stated he was unable to confirm Resident C was soiled all night. Mr. Houston stated the shift supervisor Employee #1 was terminated shortly afterward for other reasons.

While on-site, I interviewed Resident A who stated staff assisted with her showers and she had no concerns.

While on-site, I interviewed Employees #2 and #3 whose statements were consistent with Mr. Houston. Employee #3 stated Resident C was well cared for and lacked excoriation or wounds on her buttock area. Employee #3 stated residents received showers consistent with the shower schedule.

I reviewed Resident A's service plan updated on 6/28/2023 which read in part she required one-person standby assistance for showers. The plan read in part her shower days were Tuesday and Friday evenings.

I reviewed Resident C's service plan updated on 9/16/2023 which read consistent with statements from Mr. Houston.

I reviewed Resident D's service plan updated 1/5/2023 which read in part she received showers on Tuesday, Thursday, and Sunday mornings.

I reviewed Employee #1's file which read in part she was eligible for employment per her Michigan Workforce Background Check dated 9/11/2023. Her file read in part she received training through *Relias* on 10/12/2023 for resident rights and abuse.

On 10/18/2023, the Department received email correspondence from Mr. Houston which read he did not have September 2023 shower sheets for Residents A and D. Mr. Houston stated the community identified non-compliance with shower sheets in September 2023 and implemented a corrective action plan immediately.

<b>APPLICABLE RULE</b>	
<b>R 325.1931</b>	<b>Employees; general provisions.</b>
	<b>(2) A home shall treat a resident with dignity and his or her personal needs, including protection and safety, shall be attended to consistent with the resident's service plan.</b>
<b>For Reference: R 325.1933(1)</b>	<b>Personal care of residents.</b>
	<b>(2) A home shall afford a resident the opportunity and instructions when necessary for daily bathing, oral and personal hygiene, daily shaving, and hand washing before</b>

	<b>meals. A home shall ensure that a resident bathes at least weekly and more often if necessary.</b>
<b>ANALYSIS:</b>	<p>Review of Resident A's service plan revealed her showers were scheduled twice weekly and Resident D's showers were three times weekly.</p> <p>Review of Resident C's records and staff attestations revealed there was insufficient evidence to support Resident C was left soiled.</p> <p>Email correspondence with Mr. Houston revealed lack of shower sheets for Residents A and D, therefore it could not be confirmed if the showers were completed consistent with their service plans or not, thus this allegation was substantiated.</p>
<b>CONCLUSION:</b>	<b>VIOLATION ESTABLISHED</b>

**ALLEGATION:**

**Resident E's medications were left in his apartment.**

**INVESTIGATION:**

On 10/2/2023, the Department received an anonymous complaint which alleged medication were left in Resident E's apartment. Due to the anonymous nature of the complaint, I was unable to obtain additional information from the complainant.

On 10/17/2023, I conducted an on-site inspection at the facility. I interviewed Employee #3 who stated staff administered resident's medications and observed them take them.

While on-site, I inspected Resident E's apartment and did not observe medications on tables, countertops, or the floor.

While on-site, I interviewed Resident A who stated staff administered her medications and would sometimes leave her nasal spray or eye drops in her apartment but would pick them back up. I did not observe medications in Resident A's apartment.

While on-site, I inspected three other resident's apartments in which lacked observation of medications on tables, countertops, or the floor.

<b>APPLICABLE RULE</b>	
<b>R 325.1921</b>	<b>Governing bodies, administrators, and supervisors.</b>
	<p><b>(1) The owner, operator, and governing body of a home shall do all of the following:</b></p> <p style="padding-left: 40px;"><b>(b) Assure that the home maintains an organized program to provide room and board, protection, supervision, assistance, and supervised personal care for its residents.</b></p>
<b>ANALYSIS:</b>	Staff attestations and observations revealed medications were administered per the facility's policy in which the facility maintained an organized program to ensure residents took them as prescribed; thus, this allegation could not be substantiated.
<b>CONCLUSION:</b>	<b>VIOLATION NOT ESTABLISHED</b>

**ALLEGATION:**

**Staff walkie talkies and pagers were not working properly. The fire panel was inoperable. The dishwasher and garbage disposal were inoperable.**

**INVESTIGATION:**

On 10/2/2023, the Department received an anonymous complaint which alleged the staff's walkie talkies were not working regularly and pagers were inoperable. The complaint alleged the fire panel was inoperable for months. The complaint alleged the garbage disposal and dishwasher in the kitchen were inoperable. Due to the anonymous nature of the complaint, I was unable to obtain additional information from the complainant.

On 10/17/2023, I conducted an on-site inspection at the facility. I interviewed Jordan Houston who stated staff had not reported issues with walkie talkies or pagers working appropriately. Mr. Houston stated new walkie talkies and pagers were recently implemented in which if one did not work, he maintained extra in his office to replace them. Mr. Houston stated he implemented a new procedure in which walkie talkies were assigned to staff at each shift. Mr. Houston stated staff utilized the walkie talkies throughout the facility to communicate. Mr. Houston stated the walkie talkies would not work correctly if the channel was changed. Mr. Houston stated the pagers relayed the call light system, such as when residents utilized their call lights. Additionally, Mr. Houston stated all the facility floors maintain a computer which informed staff of when a call light was pulled. Mr. Houston stated the receptionist monitored the call system on her computer as well as would communicate with staff by walkie talkie if a resident summoned them.



Mr. Houston stated the fire panel was broken. Mr. Houston stated the Bureau of Fire Services was aware and recently conducted an inspection. Mr. Houston stated the facility require city approval for a new fire panel, pull stations and smoke detectors. Mr. Houston stated the smoke detectors were functional; however, they would not notify the whole facility. Mr. Houston stated the sprinkler system was also functional. Mr. Houston stated staff conducted fire watches and rounding every 30 minutes.

Mr. Houston stated the garbage disposal was broken in which he was working to obtain quotes to have it replaced. Mr. Houston stated the garbage disposal was covered so it could not be used. Mr. Houston stated kitchen staff placed all food items in the trash at this time.

Mr. Houston stated the dishwasher worked appropriately; however, on 10/16/2023, it did not reach the correct temperature and company *Eco Lab* fixed it the same day. Mr. Houston stated the facility also had a three-compartment sink which could be utilized if the dishwasher broke.

While on-site, I observed five boxes of new walkie talkies in Mr. Houston's office, along with seven walkie talkies on his desk. I observed Mr. Houston maintained two additional pagers in his desk. I observed staff communicating throughout the facility using walkie talkies without difficulty.

While on-site, I observed the garbage disposal was covered so staff did not utilize it.

While on-site, I observed the dishwasher worked appropriately. I observed the dishwasher temperature log for October 2023 which read consistent with statements from Mr. Houston. I observed that the facility could also utilize a three compartment if needed.

I reviewed the Bureau of Fire Services inspection report dated 9/11/2023 which read a fire inspection was completed on that date.

I reviewed the facility's fire watch policy which read in part when the fire alarm system was out of service that the facility had to implement an approved fire watch until the fire alarm system had returned to service.

I reviewed the facility's *Fire Watch Procedure: Inspection Reports* for September 2023 which were completed per the facility's fire watch policy.

On 11/2/2023, email correspondence with Mr. Houston read the fire panel was installed and would be inspected by the Bureau of Fire Servies on Monday.

<b>APPLICABLE RULE</b>	
<b>R 325.1979</b>	<b>General maintenance and storage.</b>
	<b>(1) The building, equipment, and furniture shall be kept clean and in good repair.</b>
<b>ANALYSIS:</b>	<p>Interview with Mr. Houston and observations revealed the facility's walkie talkies, pagers, and dishwasher were operable.</p> <p>Interview with Mr. Houston and observations revealed the fire panel and garbage disposal were inoperable.</p> <p>Review of facility documentation revealed it read consistent with the facility's fire watch policy; thus, this allegation was not substantiated.</p> <p>Attestations from Mr. Houston revealed he was obtaining quotes for the garbage disposal; therefore, this allegation was not substantiated.</p>
<b>CONCLUSION:</b>	<b>VIOLATION NOT ESTABLISHED</b>

#### IV. RECOMMENDATION

Contingent upon receipt of an acceptable corrective action plan, I recommend the status of this license remain unchanged.

*Jessica Rogers*

11/08/2023

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 Jessica Rogers  
 Licensing Staff

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 Date

Approved By:

*Andrea L. Moore*

12/12/2023

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 Andrea L. Moore, Manager  
 Long-Term-Care State Licensing Section

\_\_\_\_\_  
 Date