



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
ACTING DIRECTOR

December 20, 2023

Robert Kornfeld
Redford Village MI Wellness LLC
25330 West Six Mile Rd
Redford Charter Twp., MI 48240

RE: License #: AH820410349
Investigation #: 2024A1027004
The Orchards at Redford Village

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.
- Indicate how continuing compliance will be maintained once compliance is achieved.
- Be signed by the authorized representative and dated.

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. 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

License #:	AH820410349
Investigation #:	2024A1027004
Complaint Receipt Date:	10/12/2023
Investigation Initiation Date:	10/12/2023
Report Due Date:	12/11/2023
Licensee Name:	Redford Village MI Wellness LLC
Licensee Address:	25330 West Six Mile Rd Redford Charter Twp., MI 48240
Licensee Telephone #:	(718) 838-1500
Administrator:	Zalmen Fishman
Authorized Representative:	Robert Kornfeld
Name of Facility:	The Orchards at Redford Village
Facility Address:	25330 6 Mile Rd Redford Charter Twp, MI 48240
Facility Telephone #:	(313) 531-6874
Original Issuance Date:	06/06/2023
License Status:	TEMPORARY
Effective Date:	06/06/2023
Expiration Date:	12/05/2023
Capacity:	56
Program Type:	AGED ALZHEIMERS

II. ALLEGATION(S)

	Violation Established?
Resident A was transferred to the hospital twice for hypoglycemia.	Yes
Additional Findings	No

The complainant identified some concerns that were not related to licensing rules and statutes 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.

III. METHODOLOGY

10/12/2023	Special Investigation Intake 2024A1027004
10/12/2023	Special Investigation Initiated - Letter Email sent to Zalman Fishman and Rober Kornfield requesting information and documentation
11/03/2023	Inspection Completed On-site
11/03/2023	Inspection Completed-BCAL Sub. Compliance
12/20/2023	Exit Conference Conducted by email with Robert Kornfeld.

ALLEGATION:

Resident A was transferred to the hospital twice for hypoglycemia.

INVESTIGATION:

On 10/12/2023, the Department received anonymous allegations which read Resident A was transferred to the hospital twice in one month for low blood sugars. The complaint read Resident A's blood glucose was 25 when emergency medical services (EMS) arrived on 9/18/2023.

On 11/3/2023, I conducted an on-site inspection at the facility. I interviewed Employee #1 who stated Resident A was a brittle diabetic and non-compliant. Employee #1 stated Resident A often declined his medications, including insulin, and did not follow a diabetic diet. Employee #1 stated the staff communicated with Resident A's physician regarding his medications in which adjustments were made.

Employee #1 stated she recently had a conversation with Resident A regarding his non-compliance and her concerns about his health. Employee #1 stated Resident A's blood sugars have "*leveled out*" after having this conversation with him along with the change in his medication. Employee #1 stated Resident A was also a PACE (Programs of All-Inclusive Care for the Elderly) participant.

I reviewed Resident A's face sheet which read in part his initial admission date was 4/26/2023 and he had a diagnosis of type 2 diabetes mellitus. The face sheet read in part Resident A had a designated power of attorney for care and emergency contact.

I reviewed Resident A's service plan updated on 10/24/2023 which read consistent with statements from Employee #1.

I reviewed Resident A's September 2023 medication administration records (MARs) which read consistent with statements from Employee #1. The MARs read he was prescribed Lantus and Humalog for diabetes. The MARs read there were blank spaces for one or more prescribed medications on the following dates: 9/1/2023 through 9/16/2023, 9/18/2023 through 9/22/2023, and 9/24/2023 through 9/30/2023. The MARs read staff documented the reasons Lantus and Humalog were not administered were "*16 = no pain*," "*3=absent from the home*," or "*6-hospitalized*."

I reviewed Resident A's progress notes.

Note dated 9/18/2023 at 10:32 am written by Employee #2 read "*Writer received a phone call from staff at approximately 6:30 am stating that the resident was unresponsive and 911 was alerted and that she (sp) will be transferred to the hospital, PACE aware and family member.*"

Note dated 9/20/2023 at 9:42 am written by Employee #2 read "*At approximately 10:10 pm on September 19, 2023 resident was found on the floor by staff, PACE notified and recommended resident be sent to the hospital via 911. Resident sent to the hospital via ambulance, treated for hyperglycemia while at the hospital and was then returned back to the facility stable.*"

Note dated 9/25/2023 at 10:16 am written by Employee #2 read "*Resident sent out to Beaumont Farmington Hills, On September 23, 2023 at approximately 12:25 am, related to hyperglycemia, PACE notified and family member contacted. Resident treated and returned back to the facility at approximately 6:30 am, PACE and RNCM aware.*"

Note dated 10/9/2023 at 12:08 pm written by Employee #2 read "*Resident requires assistance with his ADL's but often is noncompliant with the staff when it comes to assistance, blood have been stable this month with the new insulin order.*"

APPLICABLE RULE	
R 325.1921	Governing bodies, administrators, and supervisors.
	<p>(1) The owner, operator, and governing body of a home shall do all of the following:</p> <p>(b) Assure that the home maintains an organized program to provide room and board, protection, supervision, assistance, and supervised personal care for its residents.</p>
For Reference: R 325.1932	Resident's 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.
ANALYSIS:	<p>Review of Resident A's medical records revealed a diagnosis of type 2 diabetes mellitus in which he was prescribed medications by a licensed healthcare professional.</p> <p>Interview with Employee #1 revealed Resident A had a history of non-compliance with his diet and medications for type 2 diabetes mellitus.</p> <p>Review of Resident A's medication administration records revealed there were several dates in which were left blank; thus, it could not be confirmed if he received his medications or not. Additionally, the records lacked documentation of Resident A's refusal of his medications. Therefore, the facility lacked an organized program to ensure Resident A received his medications as prescribed as well as documentation of his refusals, thus this allegation was substantiated.</p>
CONCLUSION:	VIOLATION ESTABLISHED

IV. RECOMMENDATION

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

Jessica Rogers

11/09/2023

Jessica Rogers
Licensing Staff

Date

Approved By:

Andrea Moore

12/19/2023

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

Date