



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

MARLON I. BROWN, DPA  
ACTING DIRECTOR

February 16, 2024

Manda Ayoub  
Pomeroy Living Orion Assisted & Memory Care  
101 Scripps Road  
Lake Orion, MI 48360

RE: License #: AH630377767  
Pomeroy Living Orion Assisted & Memory Care  
101 Scripps Road  
Lake Orion, MI 48360

Dear Manda Ayoub:

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.
- 

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>	AH630377767
<b>Licensee Name:</b>	Beacon Square Orion LLC
<b>Licensee Address:</b>	Suite 130 5480 Corporate Drive Troy, MI 48098
<b>Licensee Telephone #:</b>	(248) 723-2100
<b>Authorized Representative:</b>	Manda Ayoub
<b>Administrator:</b>	William Brown
<b>Name of Facility:</b>	Pomeroy Living Orion Assisted & Memory Care
<b>Facility Address:</b>	101 Scripps Road Lake Orion, MI 48360
<b>Facility Telephone #:</b>	(248) 621-3100
<b>Original Issuance Date:</b>	10/11/2017
<b>Capacity:</b>	128
<b>Program Type:</b>	AGED ALZHEIMERS

## II. METHODS OF INSPECTION

Date of On-site Inspection(s): 2/15/2024

Date of Bureau of Fire Services Inspection if applicable:

Inspection Type:  Interview and Observation  Worksheet  
 Combination

Date of Exit Conference: 2/15/2024

No. of staff interviewed and/or observed 14

No. of residents interviewed and/or observed 40

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: 2022A0585051: 1921(1)(b) - 2023A1022016: 1921(1)(b)
- Number of excluded employees followed up? 8 N/A

### III. DESCRIPTION OF FINDINGS & CONCLUSIONS

The facility is not in compliance with the following applicable 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 ( <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 annually. Homes that are low risk do not need to conduct annual TB testing for employees.
Review of employment files for Associates 1 through 10 revealed Associates 1 through 4 did not receive a T.B. Screening prior to occupational exposure. Occupational exposure dates for Associates 1, 2, 3 and 4 were 8/14/2022, 10/20/2022, 6/23/2023 and 1/05/2024 respectively. Review of the T.B. completion dates revealed Associates 1 through 4 completed T.B. screening on 7/21/2023, 10/21/2022, 8/3/2023 and 1/06/2024 Respectively.	
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 meal census records for the facility revealed the census did not include a record of residents, personnel, and visitors.	
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 shall be

	<b>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.</b>
Inspection of resident bathrooms revealed that the exhaust ventilation in the bathrooms of rooms 155 and 162 were not functioning.	
<b>R 325.1976</b>	<b>Kitchen and dietary.</b>
	<b>(8) A reliable thermometer shall be provided for each refrigerator and freezer.</b>
During the inspection, inspection of the refrigerator in resident room 162 revealed there was no thermometer.	

#### IV. RECOMMENDATION

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

*Aaron L. Clum*

2/16/2024

---

Licensing Consultant

Date