

GRETCHEN WHITMER GOVERNOR

# STATE OF MICHIGAN DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS LANSING

MARLON I. BROWN, DPA ACTING DIRECTOR

February 13, 2024

Brooke Bosman Armada Village MI Wellness LLC 2260 West Main St Armada, MI 48005

RE: License #: AL500410360

The Orchards at Armada Village 1

22570 Main St Armada, MI 48005

Dear Ms. Bosman:

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 a date.

Upon receipt of an acceptable corrective plan, a regular license will be issued. If you fail to submit an acceptable corrective action plan, disciplinary action will result.

Please contact me with any questions. In the event that I am not available and you need to speak to someone immediately, you may contact the local office at (248) 975-5053.

Sincerely,

Eric Johnson, Licensing Consultant

Bureau of Community and Health Systems

Cadillac Place, Ste 9-100

3026 W Grand Blvd.

Detroit, MI 48202

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

## I. IDENTIFYING INFORMATION

| License #:                  | AL500410360                        |  |  |
|-----------------------------|------------------------------------|--|--|
|                             |                                    |  |  |
| Licensee Name:              | Armada Village MI Wellness LLC     |  |  |
|                             |                                    |  |  |
| Licensee Address:           | 2260 West Main St                  |  |  |
|                             | Armada, MI 48005                   |  |  |
| Licensee Telephone #:       | (586) 784-3227                     |  |  |
| Licensee Telephone #.       | (300) 104-3221                     |  |  |
| Licensee/Licensee Designee: | Brooke Bosman, Designee            |  |  |
|                             |                                    |  |  |
| Administrator:              | Brooke Bosman, Administrator       |  |  |
|                             |                                    |  |  |
| Name of Facility            | The Orchande of Americal Village 4 |  |  |
| Name of Facility:           | The Orchards at Armada Village 1   |  |  |
| Facility Address:           | 22570 Main St                      |  |  |
| , a.d., y , tad., dec.      | Armada, MI 48005                   |  |  |
|                             | ,                                  |  |  |
| Facility Telephone #:       | (586) 784-5322                     |  |  |
|                             |                                    |  |  |
| Original Issuance Date:     | 06/16/2023                         |  |  |
| Consolitur                  | 20                                 |  |  |
| Capacity:                   | 20                                 |  |  |
| Program Type:               | PHYSICALLY HANDICAPPED             |  |  |
|                             | AGED                               |  |  |
|                             |                                    |  |  |
|                             |                                    |  |  |

# II. METHODS OF INSPECTION

| Date | e of On-site Inspection(s):  | 01/31/2  | 2024                       |
|------|--|----------|----------------------------|
| Date | e of Bureau of Fire Services Inspection if appl  | licable: | 02/07/2024                 |
| Date | e of Health Authority Inspection if applicable:  |          | N/A                        |
| No.  | of staff interviewed and/or observed of residents interviewed and/or observed of others interviewed Role:  |          | 4<br>15                    |
| •    | Medication pass / simulated pass observed?   | Yes ⊠    | No ☐ If no, explain.       |
| •    | Medication(s) and medication record(s) review  | wed? \   | ∕es ⊠ No □ If no, explain. |
| •    | Resident funds and associated documents reviewed for at least one resident? Yes $\boxtimes$ No $\square$ If no, explain. Meal preparation / service observed? Yes $\boxtimes$ No $\square$ If no, explain. |          |                            |
| •    | Fire drills reviewed? Yes ⊠ No ☐ If no, ex   | xplain.  |                            |
| •    | Fire safety equipment and practices observe  | d? Yes   | No □ If no, explain.       |
| •    | E-scores reviewed? (Special Certification Only) Yes ☐ No ☐ N/A ☐ If no, explain.  Water temperatures checked? Yes ☐ No ☐ If no, explain.   |          |                            |
| •    | Incident report follow-up? Yes ☐ No ☒ If No need   | no, expl | ain.                       |
| •    | Corrective action plan compliance verified?  N/A   | Yes 🗌    | CAP date/s and rule/s:     |
| •    | Number of excluded employees followed-up?  | ?        | N/A ⊠                      |
| •    | Variances? Yes ☐ (please explain) No ☐   | N/A 🔀    |                            |

### **III. DESCRIPTION OF FINDINGS & CONCLUSIONS**

This facility was found to be in non-compliance with the following rules:

| R 400.15312 | Resident medications.  |
|-------------|--|
|             | (4) When a licensee, administrator, or direct care staff member supervises the taking of medication by a resident, he or she shall comply with all of the following provisions:  (e) Not adjust or modify a resident's prescription medication without instructions from a physician or a pharmacist who has knowledge of the medical needs of the resident. A licensee shall record, in writing, any instructions regarding a resident's prescription medication. |

During the onsite inspection on 01/31/24, I observed that the label on Resident A's medication Metoprolol Tartrate Tablet 25MG did not match the Medication log.

#### IV. RECOMMENDATION

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

Eric Johnson Date Licensing Consultant