



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
ACTING DIRECTOR

March 6, 2024

Nanya Litz
Plymouth Inn
230 Huronview Blvd.
Plymouth, MI 48103

RE: License #: AH820400729
Plymouth Inn
205 N. Haggerty
Plymouth, MI 48170

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#:	AH820400729
Licensee Name:	WRE Plymouth Holdings, LLC
Licensee Address:	230 Huronview Blvd Ann Arbor, MI 48103
Licensee Telephone #:	(734) 369-2100
Authorized Representative:	Nanya Litz
Administrator:	JoAnn Bruestle
Name of Facility:	Plymouth Inn
Facility Address:	205 N. Haggerty Plymouth, MI 48170
Facility Telephone #:	(734) 451-0700
Original Issuance Date:	10/13/2020
Capacity:	75
Program Type:	AGED

II. METHODS OF INSPECTION

Date of On-site Inspection(s): 03/05/2024

Date of Bureau of Fire Services Inspection if applicable: 7/18/2023

Inspection Type: Interview and Observation Worksheet
 Combination

Date of Exit Conference: 03/06/2024

No. of staff interviewed and/or observed 10

No. of residents interviewed and/or observed 25

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.
Bureau of Fire Services reviews fire drills. Disaster plan reviewed and staff interviewed regarding disaster plan.
- 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 5/2/2022 to Renewal Licensing Study Report (LSR) dated 4/29/2022: R 325.1923(2)
- Number of excluded employees followed up? N/A

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

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

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.

Review of Resident A's January and February 2024 medication administration records (MARs) revealed he was prescribed as needed Haloperidol for agitation/nausea and Ondansetron for nausea/vomiting in which lacked sufficient instructions to determine whether the medications were to be given together, separately, in tandem, or one instead of the other. Additionally, Resident A was prescribed as needed Lorazepam in which lacked a reason to necessitate administration of the medication.

Review of Resident D's January and February 2024 MARs revealed he was prescribed Lantus, inject 20 units subcutaneously at bedtime and to hold if his blood glucose was less than 150 in which on 1/19/2024 and 2/20/2024 read staff initialed the medication as administered for a blood glucose of 142 and 140 consecutively. Resident D's MARs read he was prescribed Albuterol as needed in which lacked a reason to necessitate administration of the medication. Additionally, the February 2024 MAR read the reasons staff documented his as needed medications Albuterol and Acetaminophen on 2/19/2024 were "*per resident request*" in which did not correspond to reason it was prescribed.

VIOLATION ESTABLISHED.

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 February and March 2024 meal census records revealed they were left blank or incomplete on the following dates for one or more meals: 2/3/2024, 2/4/2024, 2/8/2024, 2/10/2024, 2/11/2024, 2/27/2024, 3/1/2024, 3/2/2024, and 3/3/2024.

VIOLATION ESTABLISHED.

IV. RECOMMENDATION

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

Jessica Rogers

03/06/2024

Date

Licensing Consultant