



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
ACTING DIRECTOR

February 13, 2024

Andrew Akunne
Mary Rose Corporation
Unit A
3879 Packard Rd.
Ann Arbor, MI 48108

RE: License #: AM820010013
Mary Rose Residence
22293 Sibley Road
Brownstown Township, MI 48192

Dear Mr. Akunne:

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.

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 (313) 456-0380.

Sincerely,

A handwritten signature in black ink, appearing to read 'D Walker', with a horizontal line extending to the right.

Denasha Walker, Licensing Consultant
Bureau of Community and Health Systems
Cadillac Pl. Ste 9-100
3026 W. Grand Blvd
Detroit, MI 48202
(313) 300-9922

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

I. IDENTIFYING INFORMATION

License #: AM820010013

Licensee Name: Mary Rose Corporation

Licensee Address: Unit A
3879 Packard Rd.
Ann Arbor, MI 48108

Licensee Telephone #: (313) 479-4652

Licensee/Licensee Designee: Andrew Akunne

Administrator: Andrew Akunne

Name of Facility: Mary Rose Residence

Facility Address: 22293 Sibley Road
Brownstown Township, MI 48192

Facility Telephone #: (734) 479-4652

Original Issuance Date: 12/01/1986

Capacity: 12

Program Type: AGED
ALZHEIMERS

II. METHODS OF INSPECTION

Date of On-site Inspection(s): 02/13/2024

Date of Bureau of Fire Services Inspection if applicable: 11/01/2023

Date of Health Authority Inspection if applicable:

No. of staff interviewed and/or observed 3

No. of residents interviewed and/or observed 5

No. of others interviewed 1 Role: Area Manager

- Medication pass / simulated pass observed? Yes No If no, explain.
A full worksheet inspection was completed.
- Medication(s) and medication record(s) reviewed? Yes No If no, explain.
- Resident funds and associated documents reviewed for at least one resident?
Yes No If no, explain.
- Meal preparation / service observed? Yes No If no, explain.
- Fire drills reviewed? Yes No If no, explain.
- Fire safety equipment and practices observed? 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, explain.
- Corrective action plan compliance verified? Yes CAP date/s and rule/s:
CAP Dated 3/09/2022 R 400.14203 (1), R 400.14208 (1)(e), R 400.14310 (3),
R 400.14318 (5), R 400.14403 (1), R 400.14403 (2), R 400.14407 (1),
R 400.14407 (3), R 400.14408 (4); R 400.14408 (7) N/A
- 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 400.14306 Use of assistive devices.

(3) Therapeutic supports shall be authorized, in writing, by a licensed physician. The authorization shall state the reason for the therapeutic support and the term of the authorization.

At the time of inspection, Resident A's bed was equipped with bedrails without authorization in writing, by a licensed physician.

R 400.14312 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:

(b) Complete an individual medication log that contains all of the following information:

- (i) The medication.
- (ii) The dosage.
- (iii) Label instructions for use.
- (iv) Time to be administered.
- (v) The initials of the person who administers the medication, which shall be entered at the time the medication is given.
- (vi) A resident's refusal to accept prescribed medication or procedures.

At the time of inspection, the medication administration record did not contain the initials of the person who administered the medication for Residents A and B.

Resident A

Novolog Flexpen 100unit/ML IN INJ; inject 11 units into the skin three times daily, was no initialed on 02/10/2024 at 8:00 p.m.

Resident B

Apresoline Hydralazine 25MG PO TAB; take 1 tablet by mouth three times daily was no initialed on 02/12/2024 at 2:00 p.m.

R 400.14403 Maintenance of premises.

(1) A home shall be constructed, arranged, and maintained to provide adequately for the health, safety, and well-being of occupants.

At the time of inspection, the shower in the Northwest resident's bathroom was not equipped with a handle.

IV. RECOMMENDATION

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



02/13/2024

Denasha Walker
Licensing Consultant

Date