



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
DIRECTOR

June 26, 2024

Stephen Levy
Addington Place of Clarkston
5700 Water Tower Pl
Clarkston, MI 48346

RE: License #: AH630365890
Addington Place of Clarkston
5700 Water Tower Pl
Clarkston, MI 48346

Dear Stephen Levy:

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. 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 (517) 284-9730.

Sincerely,

A handwritten signature in cursive script that reads "Aaron L. Clum".

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

License #:	AH630365890
Licensee Name:	ARHC ARCLRMI01 TRS, LLC
Licensee Address:	106 York Road Jenkintown, PA 19046
Licensee Telephone #:	(248) 625-0500
Authorized Representative:	Stephen Levy
Administrator:	Tina Young
Name of Facility:	Addington Place of Clarkston
Facility Address:	5700 Water Tower Pl Clarkston, MI 48346
Facility Telephone #:	(248) 625-0500
Original Issuance Date:	01/20/2015
Capacity:	72
Program Type:	AGED

II. METHODS OF INSPECTION

Date of On-site Inspection(s): 6/26/2024

Date of Bureau of Fire Services Inspection if applicable: N/A

Inspection Type: Interview and Observation Worksheet
 Combination

Date of Exit Conference: 6/26/2024

No. of staff interviewed and/or observed 12

No. of residents interviewed and/or observed 35

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: SI#2022A1017067: 20201(3)(e), SI#2023A1027036: 1921(1)
- Number of excluded employees followed up? 2 N/A

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

This facility was found to be in non-compliance with the following rules:	
R 325.1913	Licenses and permits; general provisions.
	(2) The applicant or the authorized representative shall give written notice to the department within 5 business days of any changes in information as submitted in the application pursuant to which a license, provisional license, or temporary nonrenewable permit has been issued.
The facility has had a new administrator since 5/03/2024, however, do date, the required appointment documentation has not been submitted to department for this appointment.	
R 325.1924	Reporting of incidents, accidents, elopement.
	(1) A home for the aged must implement and maintain a quality review program consistent with section 20175(8) of the act, MCL 333.20175, and the professional review function. The program is responsible for all of the following: (a) Reviewing and evaluating incidents. (b) Identifying effective means to correct any deficient practice. (c) Ensuring resident safety and quality of care. (d) Improving procedures.
Upon request, the facility was unable to provide evidence of a quality review program consistent with section 20175(8) of the act, MCL 333.20175, and the professional review function.	

IV. RECOMMENDATION

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

Aaron L. Clum

6/26/2024

Licensing Consultant

Date