GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
DIRECTOR

May 29, 2024

Julie Norman
Farmington Hills Inn
30350 W. Twelve Mile Road
Farmington Hills, MI 48334

RE: License #: AH630236784
Investigation #: 2024A1035024
Farmington Hills Inn

Dear Julie Norman:

Attached is the Special Investigation Report for the above referenced facility. Due to the violations identified in the report, a written corrective action plan is required. 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 time frames 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 responsible party and a date.

If you desire technical assistance in addressing these issues, please feel free to contact me. In any event, the corrective action plan is due within 15 days. Failure to submit an acceptable corrective action plan will result in disciplinary action. 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 contact the local office at (877) 458-2757.

Sincerely,

Jennifer Heim, Licensing Staff
Bureau of Community and Health Systems
611 W. Ottawa Street
P.O. Box 30664
Lansing, MI 48909
(313) 410-3226

enclosure

MICHIGAN DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
BUREAU OF COMMUNITY AND HEALTH SYSTEMS
SPECIAL INVESTIGATION REPORT

I. IDENTIFYING INFORMATION

License #:	AH630236784
Investigation #:	2024A1035024
Complaint Receipt Date:	03/06/2024
Investigation Initiation Date:	03/06/2024
Report Due Date:	05/05/2024
Licensee Name:	Alycekay Co.
Licensee Address:	30350 W 12 Mile Rd. Farmington Hills, MI 48334
Licensee Telephone #:	(248) 851-9640
Administrator:	Julie Norman
Authorized Representative:	Julie Norman
Name of Facility:	Farmington Hills Inn
Facility Address:	30350 W. Twelve Mile Road Farmington Hills, MI 48334
Facility Telephone #:	(248) 851-9640
Original Issuance Date:	12/29/2000
License Status:	REGULAR
Effective Date:	10/10/2023
Expiration Date:	10/09/2024
Capacity:	137
Program Type:	AGED ALZHEIMERS

II. ALLEGATION(S)

	Violation Established?
Poor quality of care.	No
Unsanitary medication carts and living area	Yes
Poor staffing levels.	No
Additional Findings	No

III. METHODOLOGY

03/06/2024	Special Investigation Intake 2024A1035024
03/06/2024	Special Investigation Initiated - Letter
03/13/2024	Contact - Face to Face
05/28/2024	Inspection Completed-BCAL Sub. Compliance

ALLEGATION:

Poor quality of care.

INVESTIGATION:

On 3/6/24 the department received a complaint through the online complaint system which read “The facility is disgusting. The memory care unit has a lot of infection control issues such as employees not changing gloves in between patients and carrying used briefs down the hall not in a bag and leaving soiled briefs in the hallways. Management is not helpful when issues are brought to their attention. Residents are left unattended to for hours at a time there is no proper care or safety measures for residents.”

On 3/20/24, the department received an additional complaint through the online complaint system which read “Facility does not have proper PPE gear for Covid. They will not retest residents for Covid. After 3 days. They keep saying after 3 days it’s no longer contagious, but residents and staff are getting sick. They are not properly caring for residents. Housekeeping is horrible. They don’t have enough staff.”

On 3/13/2024, an onsite investigation was conducted. While onsite, I interviewed Julie Norman, Administrator, who states the facility has active COVID-19 on the memory care unit. Julie provided infection control policies and procedure and staffing schedules.

While onsite, I interviewed staff person (SP)1 who states the facility is clean and staff follow good infection control practices. SP1 primarily works on memory care. SP1 states there are several cases of COVID-19 currently. Residents are encouraged to wear mask and isolate unfortunately; it is difficult to enforce related to resident diagnosis of Dementia and Alzheimer's.

While onsite, I interviewed SP2 who states all high touch areas are cleaned more frequently related to the COVID-19 outbreak. SP2 states Personal Protective Equipment (PPE) is provided pointing to a container near the dining area that stores PPE.

While on site I interviewed SP3 who states she maintains infection control practices wearing mask, gloves, and gowns and washes hands frequently.

Through direct observation, caregivers and staff observed wearing surgical masks. Two residents out of approximately eight residents noted wearing surgical masks. PPE container noted near the memory care dining area. Multiple large, stained areas observed on carpet throughout memory care unit. Nursing medication cart observed with copious amount of dirt, dried spills on top and base ledge of cart, black area under water picture. SP1 asked at this time who is responsible for cleaning medication cart SP1 stated "med techs."

On 3/26/2026, Julie provided additional COVID-19 policies, infection control policy and procedures. Julie states "Staff training for infectious disease and standard precautions: Upon new hire, all new employees are given policy and procedures for universal precautions and infection control procedures." On 3/27/2024 Julie follows up to email sent "as of today we do not have anyone + for Covid. We had a resident who returned from the hospital a few days prior that was showing signs of Covid, she was tested on 03/08/2024 and was positive. We tested all residents the following Monday 03/11, and 9 were positive. All staff were also tested all were negative. During the following 2 weeks after, all residents were again tested, and all were negative. No staff tested positive. The residents who tested positive that first week were the only ones that were positive."

APPLICABLE RULE	
R 325.1921	**Governing bodies, administrators, and supervisors.**
	(1) The owner, operator, and governing body of a home shall do all of the following:

	(a) Assume full legal responsibility for the overall conduct and operation of the home. **(b) Assure that the home maintains an organized program to provide room and board, protection, supervision, assistance, and supervised personal care for its residents.**
ANALYSIS:	Through record review and interviews staff are educated on "infection disease and standard precautions: Upon new hire, all new employees are given policy and procedures for universal precautions and infection control procedures." Through direct observation, PPE noted to be available and accessible on memory care unit. Staff noted wearing surgical mask on memory care unit where active COVID-19 cases reported. Staff state it is difficult to isolate and enforce PPE use amongst memory care residents.
CONCLUSION:	**VIOLATION NOT ESTABLISHED**

ALLEGATION:

Unsanitary medication carts and living area.

INVESTIGATION:

On 3/6/24 the department received a complaint through the online complaint system which read "The facility is disgusting. The memory care unit has a lot of infection control issues such as employees not changing gloves in between patients and carrying used briefs down the hall not in a bag and leaving soiled briefs in the hallways. Management is not helpful when issues are brought to their attention. Residents are left unattended to for hours at a time there is no proper care or safety measures for residents."

On 3/13/2024, an onsite investigation was conducted while onsite, I interviewed staff person (SP)1 who states the facility is clean and staff follow good infection control practices. SP1 primarily works on memory care. SP1 states there are several cases of COVID-19 currently. Residents are encouraged to wear mask and isolate unfortunately; it is difficult to enforce related to resident diagnosis of Dementia and Alzheimer's.

While onsite, I interviewed SP2 who states all high touch areas are cleaned more frequently related to the COVID-19 outbreak. SP2 states Personal Protective Equipment (PPE) is provided pointing to a container near the dining area that stores PPE.

While on site I interviewed SP3 who states she maintains infection control practices wearing mask, gloves, and gowns and washes hands frequently.

Through direct observation, caregivers and staff observed wearing surgical masks. Two residents out of approximately eight residents noted wearing surgical masks. PPE container noted near the memory care dining area. Multiple large, stained areas observed on carpet throughout memory care unit. Nursing medication cart observed with copious amount of dirt, dried spills on top and base ledge of cart, black area under water picture. SP1 asked at this time who is responsible for cleaning medication cart SP1 stated “med techs.”

APPLICABLE RULE	
R 325.1979(1)	**General maintenance and storage.**
	(1) The building, equipment, and furniture shall be kept clean and in good repair.
ANALYSIS:	Through record review and interviews staff are educated on “infection disease and standard precautions: Upon new hire, all new employees are given policy and procedures for universal precautions and infection control procedures.” Through direct observation, PPE noted to be available and accessible on memory care unit. Staff noted wearing surgical mask on memory care unit where active COVID-19 cases reported. Staff state it is difficult to isolate and enforce PPE use amongst memory care residents. Through direct observation, medication carts with copious amounts of dirt, dried spills on top, and base ledge of cart, black area under water picture. Therefore, this violation has been established.
CONCLUSION:	**VIOLATION ESTABLISHED**

ALLEGATION:

Poor staffing.

INVESTIGATION:

On 3/18/2024 the department received an additional complaint through the online complaint department which read “Understaffed on night shift. 31 residents to 1 staff member.”

Julie Norman, Administrator, provided the Average Daily Census of 76 for the months of February and March. Staffing sheets indicate staffing goals 5 med techs and 2 caregivers on days and afternoons with 4 staff members on midnights. Through record review facility schedules in accordance to staffing goals with multiple call ins. Julie states the facility continues to recruit new employees.

APPLICABLE RULE	
R 325.1931	**Employees; general provisions.**
	5) The home shall have adequate and sufficient staff on duty at all times who are awake, fully dressed, and capable of providing for resident needs consistent with the resident service plans.
ANALYSIS:	It was noted through direct observation five staff members in memory care engaged with residents in dining area. Through record review of staffing schedule, staff are scheduled in accordance with staffing sheet goals. Staffing schedules reviewed, facility staffs according to their staffing goals. It was noted through record review multiple staff call off causing staffing challenges. Julie reports facility works diligently to cover call ins. Therefore, violations are not established.
CONCLUSION:	**VIOLATION NOT ESTABLISHED**

IV. RECOMMENDATION

Contingent upon receipt of an acceptable corrective action plan, I recommend the status of this license remain unchanged.

04/22/2024

Jennifer Heim — Date
Licensing Staff

Approved By:

05/30/2024

Andrea L. Moore, Manager — Date
Long-Term-Care State Licensing Section