



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
DIRECTOR

August 23, 2024

Julie Nash
Balfour Ann Arbor
2840 S Main St
Ann Arbor, MI 48103

RE: License #: AH810401212
Balfour Ann Arbor
2840 S Main St
Ann Arbor, MI 48103

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 of the 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,

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 #: AH810401212

Licensee Name: Ann Arbor Senior Living Owner, LLC

Licensee Address: Ste 3500
1999 Broadway
Denver, CO 80202

Licensee Telephone #: (303) 926-3012

Authorized Representative: Julie Nash

Administrator/Licensee Designee: John Juroe

Name of Facility: Balfour Ann Arbor

Facility Address: 2840 S Main St
Ann Arbor, MI 48103

Facility Telephone #: (734) 359-3500

Original Issuance Date: 01/17/2020

Capacity: 71

Program Type: AGED
ALZHEIMERS

II. METHODS OF INSPECTION

Date of On-site Inspection(s): 08/16/2024

Date of Bureau of Fire Services Inspection if applicable: 11/27/2023, 1/16/2024

Inspection Type: Interview and Observation Worksheet
 Combination

Date of Exit Conference: 08/23/2024

No. of staff interviewed and/or observed 18

No. of residents interviewed and/or observed 32

No. of others interviewed One Role Resident's family member

- 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 was reviewed and staff were interviewed regarding disaster plan.
- Water temperatures checked? Yes No If no, explain.
Thermometer malfunctioned. Water temperature logs were checked and were within parameters.
- Incident report follow-up? Yes IR date/s: N/A
- Corrective action plan compliance verified? Yes CAP date/s and rule/s: CAP dated 7/8/2022 to Renewal Licensing Study Report (LSR) dated 6/24/2022: R 325.1922(7), R 325.1923(2), R 325.1931(3), R 325.1932(1), R 325.1932(5), R 325.1943(1), R 325.1964(9), R 325.1976(5), R 325.1979(3)
- Number of excluded employees followed up? One N/A

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

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

MCL 333.20201 Policy describing rights and responsibilities of patients or residents; adoption; posting and distribution; contents; additional requirements; discharging, harassing, retaliating, or discriminating against patient exercising protected right; exercise of rights by patient's representative; informing patient or resident of policy; designation of person to exercise rights and responsibilities; additional patients' rights; definitions.

(2) The policy describing the rights and responsibilities of patients or residents required under subsection (1) shall include, as a minimum, all of the following:

(c) A patient or resident is entitled to confidential treatment of personal and medical records, and may refuse their release to a person outside the health facility or agency except as required because of a transfer to another health care facility, as required by law or third party payment contract, or as permitted or required under the health insurance portability and accountability act of 1996, Public Law 104-191, or regulations promulgated under that act, 45 CFR parts 160 and 164.

The computer on the medication cart in the memory care unit was found displaying confidential information in a public area. This information included a resident's name, room number, dates of birth, diagnoses, diet, food allergies, and medications.

VIOLATION ESTABLISHED.

R 325.1921 Governing bodies, administrators, and supervisors.

(1) The owner, operator, and governing body of a home shall do all of the following:

(b) Assure that the home maintains an organized program to provide room and board, protection, supervision, assistance, and supervised personal care for its residents.

For Reference: Definitions.
R 325.1901

(t) "Service plan" means a written statement prepared by the home in cooperation with a resident, the resident's authorized representative, or the agency responsible for a resident's placement, if any, that identifies the specific care and maintenance, services, and resident activities appropriate for the individual resident's physical, social, and behavioral needs and well-being, and the methods of providing the care and services while taking into account the preferences and competency of the resident.

A review of Resident B's service plan indicated that she required staff assistance with her oxygen equipment, including administration and cleaning when necessary. However, the plan did not specify the required oxygen flow rate or whether it was needed continuously or on an as-needed basis. Additionally, while the medication administration records stated that staff should check her pulse oximetry daily, the records did not include information about her specific oxygen requirements.

VIOLATION ESTABLISHED.

R 325.1922 Admission and retention of residents.

(5) A home shall update each resident's service plan at least annually or if there is a significant change in the resident's care needs. Changes shall be communicated to the resident and his or her authorized representative, if any.

A review of the residents' service plans showed that they were signed by both a facility representative and the resident or their responsible party. However, the service plans for Residents B and E were missing the signature of the resident or their responsible party, indicating that the plans had not been communicated.

VIOLATION ESTABLISHED.

R 325.1923 Employee's health.

(2) A home shall provide initial tuberculosis screening at no cost for its employees. New employees shall be screened within 10 days of hire and before occupational exposure. The screening type and frequency of routine tuberculosis (TB) testing shall be determined by a risk assessment as described in the 2005 MMWR ?Guidelines for Preventing the Transmission of Mycobacterium tuberculosis in Health-Care Settings, 2005? (<http://www.cdc.gov/mmwr/pdf/rr/rr5417.pdf>), Appendices B and C, and any subsequent guidelines as published by the centers for disease control and prevention. Each home, and

each location or venue of care, if a home provides care at multiple locations, shall complete a risk assessment annually. Homes that are low risk do not need to conduct annual TB testing for employees.

A review of Employee #2's file showed that she was hired on 8/21/2023, with her TB screening administered on 8/2/2023 and read on 8/4/2023. For Employee #9, who was hired on 11/27/2023, his TB screening was dated 9/22/2023. Thus, the TB screenings for both employees were not in compliance with this rule.

REPEAT VIOLATION ESTABLISHED.

[For reference, see Renewal Licensing Study Report (LSR) dated 6/24/2022, CAP dated 7/8/2022]

R 325.1931 Employees; general provisions.

(6) The home shall establish and implement a staff training program based on the home's program statement, the residents service plans, and the needs of employees, such as any of the following:

- (a) Reporting requirements and documentation.**
- (b) First aid and/or medication, if any.**
- (c) Personal care.**
- (d) Resident rights and responsibilities.**
- (e) Safety and fire prevention.**
- (f) Containment of infectious disease and standard precautions.**
- (g) Medication administration, if applicable.**

A review of the files for Employees #3, #5, and #9 showed that they lacked verification of safety and fire prevention training. Additionally, Employee #8's file indicated that although she was hired on 8/1/2023, her Relias training was completed in various months throughout 2024.

VIOLATION ESTABLISHED.

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's medication administration records (MARs) for July and August 2024 revealed medications were not always given, taken, or applied pursuant to the labeling instructions, orders, and by the prescribing licensed health care professional.

A review of Resident B's July and August MARs revealed as needed (PRN) medications did not consistently specify the reasons for their administration. For instance, the instructions for administering Acetaminophen, Albuterol, Bisacodyl, Milk of Magnesia, Mucinex, Nystatin powder, and Polyethylene glycol were missing the rationale or diagnosis for their use. There were no specific written instructions for staff describing the circumstances or reasons to necessitate administration of the as needed medications to Resident B. Additionally, Resident B was prescribed three as needed medications commonly used for constipation, but the instructions did not clarify whether these medications should be given together, separately, in sequence, or as alternatives to one another.

A review of Resident C's July and August 2024 MARs showed that he was prescribed Tamsulosin 0.4 mg, with instructions to take two capsules by mouth at bedtime. However, this medication is documented as "*not scheduled*." It remains unclear whether Resident C should be receiving this medication, given that it is listed as an order on the MAR.

A review of Resident E's July and August 2024 MARs revealed that several medications were documented as "*not scheduled*" on 7/1/2024, 7/8/2024, 7/14/2024, and 8/13/2024, without a reason why it was not administered. Specifically, three orders for Nystatin Powder were marked as "*not scheduled*" on the July MAR, with a similar issue noted on the August 2024 MAR for one order of Nystatin. Additionally, the as needed medications Meclizine and Nystatin Powder lacked documentation specifying the reasons for their administration, and the Nystatin Powder did not indicate that it was to be given on an as needed basis.

VIOLATION ESTABLISHED.

R 325.1932

Resident medications.

(6) For a resident who is identified as self-administered in his or her service plan, the home must have a policy to offer a secured method of storage for medications if desired by the resident and to notify the applicable health care professional or legal representative if there is a change in a resident's capacity to self-medicate.

During an interview, Resident B mentioned that a home care nurse administered medication from her apartment refrigerator. An inspection of the refrigerator revealed that the medications were not stored securely.

VIOLATION ESTABLISHED.

R 325.1976 Kitchen and dietary.

(8) A reliable thermometer shall be provided for each refrigerator and freezer.

The refrigerators and freezers in rooms 1111, 1127, and 1219, as well as the refrigerator in the assisted living kitchen, were found to be missing a reliable thermometer.

VIOLATION ESTABLISHED.

R 325.1981 Disaster plans.

(1) A home shall have a written plan and procedure to be followed in case of fire, explosion, loss of heat, loss of power, loss of water, or other emergency.

(2) A disaster plan shall be available to all employees working in the home.

(3) Personnel shall be trained to perform assigned tasks in accordance with the disaster plan.

The review of the disaster plan showed that it did not include a written procedure for handling explosions. Additionally, employee files revealed that disaster plan training was not provided, and an interview with Employee #1 indicated that he could not locate the disaster plan binder.

VIOLATION ESTABLISHED.

R 325.1922 Admission and retention of residents.

(7) An individual admitted to residence in the home shall have evidence of initial tuberculosis screening on record in the home that was performed within 12 months before admission. Initial screening may consist of an intradermal skin test, a blood test, a chest x-ray, or other methods recommended by the public health authority. The screening type and frequency of routine tuberculosis (TB) testing shall be determined by a risk assessment as described in the 2005 MMWR "Guidelines for Preventing the Transmission of Mycobacterium tuberculosis in Health-

Care Settings, 2005”
(<http://www.cdc.gov/mmwr/pdf/rr/rr5417.pdf>), Appendices B and C, and any subsequent guidelines as published by the centers for disease control and prevention. A home, and each location or venue of care, if a home provides care at multiple locations, shall complete a risk assessment annually. Homes that are low risk do not have to conduct annual TB testing for residents.

The facility did not have a TB Risk Assessment to determine whether it is classified as low, medium, or high risk, as required by both R 325.1922(7) and R 325.1923(2).

REPEAT VIOLATION ESTABLISHED.

[For reference, see Renewal Licensing Study Report (LSR) dated 6/24/2022, CAP dated 7/8/2022]

IV. RECOMMENDATION

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



08/23/2024

Date

Licensing Consultant