



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
DIRECTOR

June 20, 2024

Joanne Garza
Aynesley Assisted Living, LLC
49252 Bulldog Dr.
Macomb, MI 48044

RE: License #: AS500414772
Aynesley Assisted Living
39330 Aynesley St.
Clinton Township, MI 48038

Dear Mrs. Garza:

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 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 (248) 975-5053.

Sincerely,

A handwritten signature in black ink, appearing to read 'EJ', is positioned above the typed name.

Eric Johnson, Licensing Consultant
Bureau of Community and Health Systems
Cadillac Place, Ste 9-100
Detroit, MI 48202

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

I. IDENTIFYING INFORMATION

License #:	AS500414772
Licensee Name:	Aynesley Assisted Living, LLC
Licensee Address:	39330 Aynesley St. Clinton Township, MI 48038
Licensee Telephone #:	(586) 321-9555
Licensee/Licensee Designee:	Joanne Garza,
Administrator:	Joanne Garza,
Name of Facility:	Aynesley Assisted Living
Facility Address:	39330 Aynesley St. Clinton Township, MI 48038
Facility Telephone #:	(586) 321-9555
Original Issuance Date:	12/20/2023
Capacity:	6
Program Type:	PHYSICALLY HANDICAPPED DEVELOPMENTALLY DISABLED MENTALLY ILL AGED ALZHEIMERS

II. METHODS OF INSPECTION

Date of On-site Inspection(s): 06/18/2024

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

Date of Health Authority Inspection if applicable: N/A

No. of staff interviewed and/or observed 3

No. of residents interviewed and/or observed 4

No. of others interviewed N/A Role: [REDACTED]

- Medication pass / simulated pass observed? Yes No If no, explain.
- 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.
none needed
- Corrective action plan compliance verified? Yes CAP date/s and rule/s:
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 400.14312	Resident medications.
	(2) Medication shall be given, taken, or applied pursuant to label instructions.

During the onsite inspection on 06/18/24, I observed that Resident A's medication Protonix Pantoprazole Sodium 40mg was not listed on the medication log for June 2024.

During the onsite inspection on 06/18/24, I observed that Resident A's medication Diclofenac Sodium Topical Gel 1% was listed as a PRN and not a daily medication. The medication label and orders state that the medication is supposed to be applied every 8 hours.

R 400.14312	Resident medications.
	<p>(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:</p> <p>(b) Complete an individual medication log that contains all of the following information:</p> <ul style="list-style-type: none"> (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.

During the onsite inspection on 06/18/24, I observed that Resident A's medication Diclofenac Sodium Topical Gel 1% was not initialed as given on the following dates: 6/4-6/7, and 6/10-6/12.

R 400.14507	Means of egress generally.
	(4) The first floor of a small group home shall have not less than 2 separate and independent means of egress leading to the outside.

During the onsite inspection on 06/18/24, I observed that the door leading to the garage was not equipped with positive-latching, non-locking-against-egress hardware.

IV. RECOMMENDATION

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



06/20/24

Eric Johnson
Licensing Consultant

Date