



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
DIRECTOR

December 4, 2024

Nanya Litz
Hillside Terrace Memory Care
1937 Jackson Ave.
Ann Arbor, MI 48103

RE: License #: AH810399836
Hillside Terrace Memory Care
1937 Jackson Ave.
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 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 #:	AH810399836
Licensee Name:	Glendale Orchard, LLC
Licensee Address:	230 Huron View Blvd. Ann Arbor, MI 48103
Licensee Telephone #:	(734) 369-2100
Administrator/Authorized Representative:	Nanya Litz
Name of Facility:	Hillside Terrace Memory Care
Facility Address:	1937 Jackson Ave. Ann Arbor, MI 48103
Facility Telephone #:	(313) 815-5997
Original Issuance Date:	07/09/2024
Capacity:	24
Program Type:	ALZHEIMERS

II. METHODS OF INSPECTION

Date of On-site Inspection(s): 12/03/2024

Date of Bureau of Fire Services Inspection if applicable: 8/9/2023

Inspection Type: ☐ Interview and Observation ☒ Worksheet
☐ Combination

Date of Exit Conference: 12/04/2024

No. of staff interviewed and/or observed 10

No. of residents interviewed and/or observed 11

No. of others interviewed One Role Hospice Nurse

- 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 reviewed.
- 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: N/A
- Number of excluded employees followed up? N/A ☒

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

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

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 #1's file showed that she was hired on 10/29/2024. However, her Tuberculosis test was conducted by her previous employer on 4/8/2024 and read on 4/10/2024.

VIOLATION ESTABLISHED.

R 325.1964

Interiors.

(9) Ventilation shall be provided throughout the facility in the following manner:

(a) A room shall be provided with a type and amount of ventilation that will control odors and contribute to the comfort of occupants.

(b) Bathing rooms, beauty shops, toilet rooms, soiled linen rooms, janitor closets, and trash holding rooms shall be provided with a minimum of 10 air changes per hour of continuously operated exhaust ventilation that provide discernable air flow into each of these rooms.

Inspection of the housekeeping closet revealed it lacked a vent to lacked adequate and discernable air flow for cleaning chemicals.

VIOLATION ESTABLISHED.

IV. RECOMMENDATION

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

A handwritten signature in cursive script that reads "Jessica Rogers".

12/04/2024

Date

Licensing Consultant