



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
DIRECTOR

January 7, 2025

Randi Bowles
American House Rochester Hills
3565 S. Adams Rd
Rochester Hills, MI 48309

RE: License #: AH630397557
Investigation #: 2025A1027023
American House Rochester Hills

Dear Licensee:

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 authorized representative 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,

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
SPECIAL INVESTIGATION REPORT**

I. IDENTIFYING INFORMATION

License #:	AH630397557
Investigation #:	2025A1027023
Complaint Receipt Date:	12/27/2024
Investigation Initiation Date:	12/27/2024
Report Due Date:	02/26/2025
Licensee Name:	AH Rochester MC Subtenant LLC
Licensee Address:	Ste 1600 One Towne Square Southfield, MI 48076
Licensee Telephone #:	(248) 203-1800
Authorized Representative/ Administrator:	Randi Bowles
Name of Facility:	American House Rochester Hills
Facility Address:	3565 S. Adams Rd Rochester Hills, MI 48309
Facility Telephone #:	(248) 734-4488
Original Issuance Date:	01/16/2020
License Status:	REGULAR
Effective Date:	08/01/2024
Expiration Date:	07/31/2025
Capacity:	50
Program Type:	ALZHEIMERS AGED

II. ALLEGATION(S)

	Violation Established?
Resident A had bruising.	Yes
Additional Findings	No

III. METHODOLOGY

12/27/2024	Special Investigation Intake 2025A1027023
12/27/2024	Special Investigation Initiated - Letter Email sent to APS worker
12/27/2024	Contact - Document Sent Email sent to Randi Bowles requesting documentation for Resident A
12/27/2024	Contact - Document Received Email received from Randi Bowles with requested information
01/03/2025	Contact - Document Sent Email sent to Randi Bowles requesting additional information
01/03/2025	Contact - Document Received Email received from Randi Bowles with requested information
01/03/2025	Contact - Telephone call made Voicemail left with Hospice Associate
01/06/2025	Contact - Telephone call received Telephone interview conducted with Hospice Associate
01/06/2025	Inspection Completed - BCAL Sub. Compliance
01/07/2025	Exit Conference Conducted by email with Randi Bowles

ALLEGATION:

Resident A had bruising.

INVESTIGATION:

On 12/27/2024, the Department received allegations from Adult Protective Services (APS) regarding Resident A. The allegations read that Resident A, who resided in a memory care unit, was not alert or oriented. Her legal guardian was Relative A1. She currently has a bruise on her coccyx and sacral area, as well as a suspected displaced right hip, with an x-ray pending. The facility reported no recent falls and no explanation for the injury. The injury was suspected to be the result of abuse or neglect, possibly from a fall or physical trauma.

Additionally, email correspondence with the APS worker revealed Resident A's right hip x-ray result was negative per Relative A1.

A review of Resident A's face sheet read she moved into the facility on 3/14/2024. Relative A1 was listed as her durable power of attorney. She received Gentiva Hospice services which were initiated on 7/4/2024 and had a diagnosis of unspecified dementia with behavioral disturbances. Resident A's service plan, updated on 8/26/2024, aligned with the face sheet. The service plan noted that Resident A required barrier cream after incontinent episodes to prevent skin issues and that staff are to monitor her skin for any changes, such as bruises. The plan also mentions that Resident A walks and wanders but can self-propel in her wheelchair. She required two-person assistance for transfers, although she attempted to get up on her own. Additionally, the plan indicated that Resident A has had both witnessed and unwitnessed falls. Her most recent fall occurred on 12/1/2024, followed by a visit from the hospice nurse. The plan recommends that Resident A remain in common areas for staff observation and be encouraged to participate in person-centered activities throughout the day.

A review of the incident report dated 12/26/2024 at 3:15 PM indicated that Resident A's hospice nurse noted discoloration on her right hip. An x-ray was ordered, which showed no injuries. The report read that the hospice nurse communicated the findings to APS and Relative A2. Resident A's explanation was that she did not remember the incident.

Further review of Resident A's December 2024 progress notes aligned with the email correspondence from the APS worker and incident report.

On 1/6/2025, during a telephone interview, the Hospice Associate stated she visited Resident A on 12/23/2024 and observed old bruising in various areas that had not been reported. On 12/24/2024, another hospice staff member noticed new purple bruising on Resident A's coccyx and reported it to the Hospice Associate. The Hospice Associate also observed the same bruising on 12/26/2024, and noted that Resident A's hip appeared dislocated, with the resident complaining of pain. While the hip was confirmed to be intact through an x-ray, the bruising was not reported by staff.

APPLICABLE RULE	
R 325.1921	Governing bodies, administrators, and supervisors.
	<p>(1) The owner, operator, and governing body of a home shall do all of the following:</p> <p>(b) Assure that the home maintains an organized program to provide room and board, protection, supervision, assistance, and supervised personal care for its residents.</p>
For Reference: R 325.1924	Reporting of incidents, quality review program.
	(7) The facility must have a policy and procedure to ensure that an incident, once known by facility staff, is reported as soon as possible, but not later than 48 hours after the incident, to a resident's authorized representative or designated health care professional, as appropriate. Verbal or written notification must be documented in the resident's record to reflect the date, time, name of staff who made the notification, and name of the representative or professional who was notified.
ANALYSIS:	<p>A review of Resident A's records indicated she had been receiving hospice services since 7/4/2024, had a dementia diagnosis, and a history of falls. Staff were instructed to monitor for signs of skin changes, such as bruising. The records showed Resident A's most recent fall occurred on 12/1/2024, during which the hospice nurse visited.</p> <p>The Hospice Associate confirmed new bruising was observed on 12/24/2024, and 12/26/2024. There was no facility documentation that facility staff had observed or taken any action for the new bruising that was observed on these dates.</p> <p>The allegation was substantiated due to lack of reporting Resident A's new bruising observed on 12/24/2024 and 12/26/2024 to the licensed healthcare professional, as outlined in her service plan.</p>
CONCLUSION:	VIOLATION ESTABLISHED

IV. RECOMMENDATION

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



01/06/2025

Jessica Rogers
Licensing Staff

Date

Approved By:



01/06/2025

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

Date