



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

MARLON I. BROWN, DPA  
DIRECTOR

February 4, 2025

Amanda Newport  
St. Anne's Mead Retirement Home  
16106 W 12 Mile Rd.  
Southfield, MI 48076

RE: License #: AH630236895

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.

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 (517) 284-9730.

Sincerely,

Elizabeth Gregory-Weil, Licensing Staff  
Bureau of Community and Health Systems  
611 W. Ottawa Street  
P.O. Box 30664  
Lansing, MI 48909  
(810) 347-5503

enclosure

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

**I. IDENTIFYING INFORMATION**

<b>License #:</b>	AH630236895
<b>Licensee Name:</b>	St. Anne's Mead Inc.
<b>Licensee Address:</b>	16106 W 12 Mile Rd. Southfield, MI 48076
<b>Licensee Telephone #:</b>	(810) 557-1221
<b>Authorized Representative and Administrator:</b>	Amanda Newport
<b>Name of Facility:</b>	St. Anne's Mead Retirement Home
<b>Facility Address:</b>	16106 W 12 Mile Rd. Southfield, MI 48076
<b>Facility Telephone #:</b>	(248) 557-1221
<b>Original Issuance Date:</b>	03/01/2000
<b>Capacity:</b>	83
<b>Program Type:</b>	AGED ALZHEIMERS

## II. METHODS OF INSPECTION

Date of On-site Inspection(s): 02/04/2025

Date of Bureau of Fire Services Inspection if applicable: 11/06/2023- "A" rating

Inspection Type: ☐ Interview and Observation ☒ Worksheet  
☐ Combination

Date of Exit Conference: 02/04/2025

No. of staff interviewed and/or observed 18

No. of residents interviewed and/or observed 31

No. of others interviewed 0 Role

- 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. The facility does not hold funds in trust.
- Meal preparation / service observed? Yes ☒ No ☐ If no, explain.
- Fire drills reviewed? Yes ☐ No ☒ If no, explain.  
The Bureau of Fire Services reviews fire drills, however facility disaster planning procedures were 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- no corrective actions plans to review since last licensure survey
- Number of excluded employees followed up? 2 N/A ☐

### III. DESCRIPTION OF FINDINGS & CONCLUSIONS

This facility was found to be in non-compliance with the following administrative rules and public health code statutes regulating home for the aged facilities:	
<b>MCL 333.20173a</b>	<b>Covered facility; employees or applicants for employment; prohibitions; criminal history check; procedure; conditional employment; knowingly providing false information as misdemeanor; prohibited use or dissemination of criminal history information as misdemeanor; review by licensing or regulatory department; conditions of continued employment; failure to conduct criminal history checks as misdemeanor; establishment of automated fingerprint identification system database; electronic web-based system; definitions.</b>
	<b>(4) Upon receipt of the written consent to conduct a criminal history check and identification required under subsection (3), a staffing agency or covered facility that has made a good faith offer of employment or an independent contract or clinical privileges to the applicant shall make a request to the department of state police to conduct a criminal history check on the applicant, to input the applicant's fingerprints into the automated fingerprint identification system database, and to forward the applicant's fingerprints to the Federal Bureau of Investigation. The department of state police shall request the Federal Bureau of Investigation to make a determination of the existence of any national criminal history pertaining to the applicant. The applicant shall provide the department of state police with a set of fingerprints. The request shall be made in a manner prescribed by the department of state police. The staffing agency or covered facility shall make the written consent and identification available to the department of state police. The staffing agency or covered facility shall make a request regarding that applicant to the relevant licensing or regulatory department to conduct a check of all relevant registries established according to federal and state law and regulations for any substantiated findings of abuse, neglect, or misappropriation of property. If the department of state police or the Federal Bureau of Investigation charges a fee for conducting the criminal history check, the staffing agency or covered facility shall pay the cost of the charge. Except as otherwise provided in this subsection, if the department of state police or the Federal Bureau of Investigation charges a fee for conducting</b>

	<p>the criminal history check, the department shall pay the cost of or reimburse the charge for a covered facility that is a home for the aged. After October 1, 2018, if the department of state police or the Federal Bureau of Investigation charges a fee for conducting the criminal history check, the department shall pay the cost of the charge up to 40 criminal history checks per year for a covered facility that is a home for the aged with fewer than 100 beds and 50 criminal history checks per year for a home for the aged with 100 beds or more...</p>
<p>Employees 1's hire date is 7/2/23, however the eligibility notice through the Michigan workforce background check unit was dated 7/23/20. Administrator and authorized representative Amanda Newport reported that this discrepancy is due to Employee 1 getting rehired and her background check was not run to coincide with her most recent hire date.</p>	
<b>R 325.1922</b>	<b>Admission and retention of residents.</b>
	<p>(7) An individual admitted to residence in the home shall have evidence of 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 (<a href="http://www.cdc.gov/mmwr/pdf/rr/rr5417.pdf">http://www.cdc.gov/mmwr/pdf/rr/rr5417.pdf</a>), 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.</p>

<p>Resident A moved into the facility on 3/30/23, but her TB screen was not completed until after she moved in on the same day. Resident B moved into the facility on 3/23/23, but her TB screen was not completed until after she moved in on 3/24/23. Resident C moved into the facility on 3/30/23, but her TB screen was not completed until after she moved in on the same day.</p>	
<b>R 325.1923</b>	<b>Employee's health.</b>
	<p><b>(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” (<a href="http://www.cdc.gov/mmwr/pdf/rr/rr5417.pdf">http://www.cdc.gov/mmwr/pdf/rr/rr5417.pdf</a>), 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.</b></p>
<p>Employee 2 was hired on 11/19/24, however her TB screen was from a previous employer and completed on 2/26/24.</p>	
<b>R 325.1932</b>	<b>Resident medications.</b>
	<p><b>(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.</b></p>

Medication administration records (MAR) were reviewed for the previous four weeks. The following observations were made:

Resident A missed one or more scheduled doses of atorvastatin on 1/5/25 and 2/2/25, humalog on 1/11/25, 1/12/25, 1/30/25 and 2/2/25, calmoseptine on 1/5/25, 1/11/25, 1/12/25, 1/17/25, 1/30/25 and 1/31/25 and sertraline on 2/2/25. Staff failed to document a reason for the missed doses and the MAR was left blank in all the above instances.

Resident B missed one or more scheduled doses of latanoprost, mirtazapine and sucralfate on 1/26/25. Staff failed to document a reason for the missed doses and the MAR was left blank in all the above instances.

Resident D missed one or more scheduled doses of diclofenac on 1/26/25, iprat albuterol nebulizer on 1/2/25, 1/3/25, 1/5/25-1/12/25, 1/14/25-1/17/25, 1/20/25-1/26/25, 1/29/25-1/31/25 and 2/3/25, mapap on 1/2/25, 1/3/25 and 1/7/25, calmoseptine on 1/2/25, 1/3/25 and 1/7/25, seroquel on 1/26/25 and senna on 1/26/25. Staff failed to document a reason for the missed doses and the MAR was left blank in all the above instances.

<b>R 325.1979</b>	<b>General maintenance and storage.</b>
	<p><b>(1) The building, equipment, and furniture shall be kept clean and in good repair.</b></p> <p><b>(3) Hazardous and toxic materials shall be stored in a safe manner.</b></p>
<p>An exhaust fan in the visitor's rest room across from the main office was missing its cover, leaving the fan blades exposed.</p> <p>Two "laundrette" rooms contained detergents and cleaning agents that were kept on a shelf above the washing machine and dryer. The doors to the laundrettes were propped open, leaving the various items unsecured. These items are an unnecessary ingestion and subsequent poisoning risk to those residents that lack safety awareness.</p>	
<b>R 325.1981</b>	<b>Disaster plans.</b>
	<b>(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.</b>

Review of the facility's disaster plan procedures revealed that it lacked a general plan for if an explosion occurs. Instead, there was a plan in place for a bomb threat.

#### **IV. RECOMMENDATION**

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



02/04/2025

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Elizabeth Gregory-Weil  
Licensing Consultant

Date