



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
DIRECTOR

February 4, 2025

Manda Ayoub
Pomeroy Living Orion Assisted & Memory Care
101 Scripps Road
Lake Orion, MI 48360

RE: License #: AH630377767
Investigation #: 2025A0585029
Pomeroy Living Orion Assisted & Memory Care

Dear Ms. Ayoub:

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 responsible party 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 (517) 284-9730.

Sincerely,

Brender Howard, Licensing Staff
Bureau of Community and Health Systems
611 W. Ottawa Street, P.O. Box 30664
Lansing, MI 48909
(313) 268-1788
enclosure

**MICHIGAN DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
BUREAU OF COMMUNITY AND HEALTH SYSTEMS
SPECIAL INVESTIGATION REPORT**

I. IDENTIFYING INFORMATION

License #:	AH630377767
Investigation #:	2025A0585029
Complaint Receipt Date:	01/28/2025
Investigation Initiation Date:	01/28/2025
Report Due Date:	03/27/2025
Licensee Name:	Beacon Square Orion LLC
Licensee Address:	Suite 130 5480 Corporate Drive Troy, MI 48098
Licensee Telephone #:	(248) 723-2100
Administrator:	Kimberly Reynolds
Authorized Representative:	Manda Ayoub
Name of Facility:	Pomeroy Living Orion Assisted & Memory Care
Facility Address:	101 Scripps Road Lake Orion, MI 48360
Facility Telephone #:	(248) 621-3100
Original Issuance Date:	10/11/2017
License Status:	REGULAR
Effective Date:	08/01/2024
Expiration Date:	07/31/2025
Capacity:	128
Program Type:	AGED ALZHEIMERS

II. ALLEGATION(S)

	Violation Established?
Resident A was not given insulin correctly.	Yes
Additional Findings	No

III. METHODOLOGY

01/28/2025	Special Investigation Intake 2025A0585029
01/28/2025	Special Investigation Initiated - Telephone Allegations received from APS. Contacted APS worker for additional information.
01/30/2025	Inspection Completed On-site Completed with observation, interview and record review.
01/30/2025	Inspection Completed – BCAL Sub. Compliance.
02/06/2025	Exit Conference Conducted via email to authorized representative Manda Ayoub.

ALLEGATION:

Resident A was not given his insulin correctly.

INVESTIGATION:

On 1/28/2025, a complaint was received via BCHS complaint online. The complaint alleged that on 1/26/2025, Resident A was given insulin, and he should not have been given it.

On 1/30/2025, an onsite visit was completed at the facility. I interviewed the administrator Kimberly Reynolds who stated that Employee #1 did not check Resident A's sugar before administering the insulin as prescribed. She said that Employee #1 had medication pass training and is planning on doing an in-service with him.

Upon request, the administrator shared copies of staff training, Resident A's service plan and medication administration record (MAR).

During the onsite, I interviewed Employee #1 at the facility. Employee #1 stated that on 1/26/2025, he checked Resident A's insulin, and it was at 70 and he administered 14 units of insulin. He stated that he took Resident A to get some lunch and fed him to see if his sugar would go up. He stated that at that point, he notified (Employee #2). Employee #1 stated that they were trying to get Resident A's sugar to go back up. He said that they gave him some medicine. He said that Resident A wanted to go back to his apartment, and they took him back. He said that the nurse said they were going to call EMS. He said that Resident A's blood sugar shot up to 95. He said they check periodically. He said that when he rechecked Resident A's sugar it was at 50 and he wasn't eating. He said they have three different glucose machines, and they tried the different machine to make sure that they were accurate.

On 1/31/2025, I interviewed Employee #2 by telephone. Employee #2 stated that on 1/26/2025, Employee #1 administered Resident A insulin although his sugar was low. She said that he was not supposed to give the insulin if his reading was lower than 90.

Resident A's service plan read, "Monitor blood sugars as ordered and provide evening snacks to prevent hypoglycemia. Staff will assist with monitoring blood sugar checks."

Training document for Employee #1 shows that he had training that included insulin injections/insulin pens. The document notes "medication order and dosage checked prior to administration."

A review of Resident A's MAR shows that he was prescribed Tresiba Flex touch subcutaneous solution pen – injection 100 unit/ml (Insulin Degludec); inject 14-unit subcutaneous solution in the morning for dm- hold if blood sugar <90. The MAR showed that on 1/24/2025 Resident A's blood sugar was 89 and on 1/26/2025 the blood sugar was 70.

APPLICABLE RULE	
R 325.1932	Resident's medications.
	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.

ANALYSIS:	Resident A was not given medication as ordered. Insulin was ordered to be administered but to be held if the blood sugar is less than 90. On two occasions, the blood sugar was less than 90 and insulin was given. Therefore, the facility did not comply to this rule.
CONCLUSION:	VIOLATION ESTABLISHED

IV. RECOMMENDATION

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

Brender d. Howard

02/06/2025

Brender Howard
Licensing Staff

Date

Approved By:

Andrea L. Moore

02/06/2025

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

Date