



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
DIRECTOR

March 5, 2025

Brice Lewis
RSR Serenity LLC
47640 Gratiot Avenue
Chesterfield, MI 48051

RE: License #: AL500408375
Sandalwood Village III
47640 Gratiot Avenue
Chesterfield, MI 48051

Dear Mr. Lewis:

Attached is the Renewal Licensing Study Report for the facility referenced above. The study has determined substantial violations of applicable licensing statutes and administrative rules. Therefore, refusal to renew the license is recommended. You will be notified in writing of the Department's intention and your options for resolution of this matter.

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 cursive script that reads "Kristine Cilluffo".

Kristine Cilluffo, Licensing Consultant
Bureau of Community and Health Systems
Cadillac Place
3026 West Grand Blvd Ste 9-100
Detroit, MI 48202
(248) 285-1703

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

I. IDENTIFYING INFORMATION

License #:	AL500408375
Licensee Name:	RSR Serenity LLC
Licensee Address:	47640 Gratiot Avenue Chesterfield, MI 48051
Licensee Telephone #:	(586) 949-6220
Licensee/Licensee Designee:	Brice Lewis
Administrator:	Brice Lewis
Name of Facility:	Sandalwood Village III
Facility Address:	47640 Gratiot Avenue Chesterfield, MI 48051
Facility Telephone #:	(586) 949-6220
Original Issuance Date:	11/01/2021
Capacity:	20
Program Type:	PHYSICALLY HANDICAPPED DEVELOPMENTALLY DISABLED AGED TRAUMATICALLY BRAIN INJURED ALZHEIMERS

II. METHODS OF INSPECTION

Date of On-site Inspection(s): 01/16/2025

Date of Bureau of Fire Services Inspection if applicable: 12/03/2024

Date of Health Authority Inspection if applicable: N/A

No. of staff interviewed and/or observed 6
No. of residents interviewed and/or observed 12
No. of others interviewed 0 Role:

- Medication pass / simulated pass observed? Yes ☐ No ☒ If no, explain.
Reviewed medications with staff.
- 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.
Facility received fire safety approval on 12/03/2024
- 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.
- Corrective action plan compliance verified? Yes ☒ CAP date/s and rule/s:
CAP date 07/31/2024 and 08/05/2024- Asec713(3)(e), AS204(3), AS205(3)(6),
AS208(1), AS305(4), AS312(1)(2)(4), AS301(4)(9)(10), AS310(3), AS315(3),
AS206(1), AS210 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 400.15306	Use of assistive devices.
	(2) An assistive device shall be specified in a resident's written assessment plan and agreed upon by the resident or the resident's designated representative and the licensee.

I reviewed resident files during the onsite inspection. Residents had physician authorizations for assistive devices that were not listed in assessment plans. Resident D did not have use of Hoyer lift, bed rails and shower chair listed in assessment plan. Resident Q did not have use of a cane listed in assessment plan. Resident P did not have use of hospital bed listed in assessment plan. Resident G did not have use of hospital bed listed in assessment plan.

R 400.15312	Resident medications.
	(2) Medication shall be given, taken, or applied pursuant to label instructions.

I observed resident medications and medication logs during the onsite inspection. The label instructions for Resident D's Polyethylene Glycol did not match the medication log. The label instructions for Resident D's Polyethylene Glycol indicated to mix one capful (17 grams) in 8 oz liquid and drink once daily. Resident D's January 2025 medication log indicated to take 17 grams by mouth everyday as needed. Resident D's medication log indicated that the medication was not administered in January 2025 as there are no staff initials.

Resident P's January 2025 medication log lists Nystatin 100,000-unit powder with the instructions to apply topically under breasts and abdominal folds twice daily. Resident P's January 2025 medication log indicates that the medication is given four times daily at 8:00AM, 12:00PM, 4:00PM and 8:00PM. Staff initials are missing on the log for the medication on 01/02/2025 at 4:00PM and on 01/05/2025 at 4:00PM and 8:00PM.

REPEAT VIOLATION ESTABLISHED

Reference SIR # 2024A0604015 dated 08/02/2024, CAP date 08/05/2024

R 400.15312	Resident medications.
	(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>(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.
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I reviewed resident medications and medication logs during the onsite inspection. Resident D's 8PM medications were not initiated by staff as administered on 01/05/2025. Medications included Amantadine 100mg, Atorvastatin Calcium 80 mg, Baclofen 10 mg, Eliquis 5mg, Levetiracetam 100 mg, Lisinopril 20 mg and Propranolol 10 mg. Licensee indicated that staff was unable to initial medication logs as they did not have log in for system and signed paper medication log. Paper medication logs were not available at the time of inspection.

Resident D's medication log listed Melatonin 3 mg three times, with the instructions to-take two tablets by mouth at bedtime take two tablets by mouth at bedtime as needed. The label instructions did not match the medication log. The label instructions did not indicate that the medication was as needed and stated take two tablets by mouth at bedtime. The medication was initiated on log as given daily with the exception of 01/05/2025.

Resident Q's 8PM medications were not initiated by staff as administered on 01/05/2025. Medications included Metoprolol Tartrate tab 25 mg, Nasal Spray and Quetiapine tab 25 mg. Resident B's medication log was not initiated for Fluticasone Nasal Spray at 10 AM on 01/09/2025 and 01/12/2025 and at 4:00PM on 01/02/2025 and 01/05/2025.

Resident Q's January 2025 medication log indicated he is prescribed Vitamin D Cap 50000 unit- Take one capsule by mouth once weekly. Staff are initialing the medication as given daily on Resident Q's January 2025 medication log.

Resident P's 8PM medications were not initiated by staff as administered on 01/05/2025. Medications included Allopurinol 300 mg tab, Duloxetine Cap 30gm, Flutic/Salme Aer 250/50, Magnesium Oxide 400 mg, Metformin Tab 500 mg, Metoprolol Tartrate 50 mg and Pravastatin Sodium 20 mg.

REPEAT VIOLATION ESTABLISHED

Reference SIR # 2024A0604015 dated 08/02/2024, CAP date 08/05/2024

R 400.15403	Maintenance of premises.
	(5) Floors, walls, and ceilings shall be finished so as to be easily cleanable and shall be kept clean and in good repair.

During the onsite inspection, I observed damage to the drywall behind the chair in Bedroom #16. The drywall was chipped from the chair hitting the wall.

R 400.15408	Bedrooms generally.
	(4) Interior doorways of bedrooms that are occupied by residents shall be equipped with a side-hinged, permanently mounted door that is equipped with positive-latching, non-locking-against-egress hardware.

During the onsite inspection, I observed that the locks on Bedroom #22 and Bedroom #24 were not non-locking-against-egress hardware.

I completed an exit conference during the onsite inspection on 01/16/2025 with newly appointed Licensee Designee/Administrator, Brice Lewis and Managers, Markel Jones and Monika Sarin. The facility also had a hired Consultant present.

IV. RECOMMENDATION

Due to the home currently being on a provisional license and intervening quality of care violations being established, refusal to renew the license is recommended.

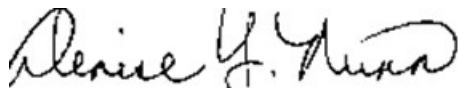


02/26/2025

Kristine Cilluffo
Licensing Consultant

Date

Approved by:



02/28/2025

Denise Y. Nunn
Area Manager

Date