



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
DIRECTOR

May 12, 2025

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

RE: License #: AH630397557
Investigation #: 2025A1019052

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.

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) 335-5985.

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
SPECIAL INVESTIGATION REPORT**

I. IDENTIFYING INFORMATION

License #:	AH630397557
Investigation #:	2025A1019052
Complaint Receipt Date:	04/28/2025
Investigation Initiation Date:	04/28/2025
Report Due Date:	06/28/2025
Licensee Name:	AH Rochester MC Subtenant LLC
Licensee Address:	One Towne Square, Suite 1600 Southfield, MI 48076
Licensee Telephone #:	(248) 203-1800
Administrator:	Janet Difazio
Authorized Representative:	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?
New hire background checks aren't being completed.	No
Staff are smoking marijuana in the facility.	No
Residents are not receiving their medications.	Yes
Residents aren't being bathed.	No
Soiled linens aren't being changed.	No
Additional Findings	No

III. METHODOLOGY

04/28/2025	Special Investigation Intake 2025A1019052
4/28/2025	Comment APS is aware of the allegations and is not investigating.
04/28/2025	Special Investigation Initiated - Letter Emailed licensee requesting information/documentation.
04/29/2025	Inspection Completed On-site
04/29/2025	Inspection Completed-BCAL Sub. Compliance

The complainant identified some concerns that were not related to licensing rules and statutes for a home for the aged or did not provide enough information for the allegations to be investigated. Therefore, only specific items pertaining to homes for the aged provisions of care were considered for investigation. The following items were those that could be considered under the scope of licensing.

ALLEGATION: New hire background checks aren't being completed.

INVESTIGATION:

On 4/28/25, the department received a complaint alleging that staff are being hired without receiving background checks. The complaint did not provide names of staff

who have not had background checks completed. Due to the anonymous nature of the complaint, additional information could not be obtained.

On 4/29/25, I conducted an onsite inspection. I interviewed administrator Janet Difazio and authorized representative (AR) Randi Bowles onsite. The administrator and AR reported that employee background checks are completed upon a conditional employment offer to prospective staff. The AR reported that she was recently auditing employee files and realized that Employees 1 and 2 did not get background checks completed at the time of hire. The administrator reports that Employee 1 was hired on 10/9/24 and employee 2 was hired on 11/26/24. The administrator and AR reported that Employees 1 and 2 were both hired before they worked at the facility and could not speak to why the background checks were not completed. The administrator reported that upon discovery of this oversight, she asked both employees to get their background checks completed. The administrator reported that Employee 1 was found to have multiple convictions on her record which excluded her from employment in a licensed home for the aged setting and was terminated on 2/19/25. The administrator reported that Employee 2's background check results were clear, however she no longer works at the facility and was terminated on 4/12/25. The administrator reported that the facility has since developed a protocol for newly hired staff and no employee is allowed to begin working until the background check results have been obtained. The administrator reported that all current employees have successfully completed their background checks and all staff are eligible to work in a licensed long-term care setting.

While onsite, I obtained an employee roster which listed 26 active employees. I randomly selected eight employees and had the administrator access the background checks from the Michigan Workforce Background Check System. I observed that all eight employees' background checks were completed in a timely manner that corresponded with their respective hire dates.

APPLICABLE RULE	
MCL 333.20173a	Covered facility; employees or applicants for employment; prohibitions; criminal history check; procedure; conditional employment or clinical privileges; 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; storage and retention of fingerprints; notification; electronic web-based system; definitions.
	(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 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. The staffing agency or covered facility shall not seek reimbursement for a charge imposed by the department of state police or the Federal Bureau of Investigation from the individual who is the subject of the criminal history check. A prospective employee or a prospective independent contractor covered under this section may not be charged for the cost of a criminal history check required under this section. The department of state police shall conduct a criminal history

	<p>check on the applicant named in the request. The department of state police shall provide the department with a written report of the criminal history check conducted under this subsection. The report shall contain any criminal history record information on the applicant maintained by the department of state police. The department of state police shall provide the results of the Federal Bureau of Investigation determination to the department within 30 days after the request is made. If the requesting staffing agency or covered facility is not a state department or agency and if criminal history record information is disclosed on the written report of the criminal history check or the Federal Bureau of Investigation determination that resulted in a conviction, the department shall notify the staffing agency or covered facility and the applicant in writing of the type of crime disclosed on the written report of the criminal history check or the Federal Bureau of Investigation determination without disclosing the details of the crime. Any charges imposed by the department of state police or the Federal Bureau of Investigation for conducting a criminal history check or making a determination under this subsection shall be paid in the manner required under this subsection. The notice shall include a statement that the applicant has a right to appeal the information relied upon by the staffing agency or covered facility in making its decision regarding his or her employment eligibility based on the criminal history check. The notice shall also include information regarding where to file and describing the appellate procedures established under section 20173b.</p>
ANALYSIS:	<p>While Employees 1 and 2 did not receive background checks upon hire, the facility was proactive by implementing a self-audit protocol and put process improvements in place to prevent this from occurring in the future. At the time of my onsite, all employee files reviewed had timely background checks completed.</p>
CONCLUSION:	<p>VIOLATION NOT ESTABLISHED</p>

ALLEGATION: Staff are smoking marijuana in the facility.

INVESTIGATION:

The complaint alleged that staff smoke marijuana inside the building. The complaint did not provide names of staff who were allegedly smoking marijuana and did not provide dates that this occurred. Due to the anonymous nature of the complaint, additional information could not be obtained.

The administrator and AR reported that they have not had any concerns of staff members smoking marijuana in the facility. The administrator and AR reported that there have not been any complaints from residents, visitors or other staff on this matter and denied ever smelling marijuana in the building. The administrator reported that according to the company policy, she can request staff receive drug testing if there is suspicion, however she reported that she has never had suspicion and never sent anyone for testing.

In follow up correspondence, I was provided with the licensee's drug and alcohol policy. The policy read, in part:

As a condition of initial and continued employment, the Company prohibits you from reporting to work or performing their duties with any unlawful drugs or alcohol in your system... To enforce this policy, the Company may, at any time where lawful, require as a condition of initial or continued employment, any applicant or employee to submit to a physical examination and/or urine, breath, blood or other type of test to determine the presence of drugs or alcohol in their system.

APPLICABLE RULE	
R 325.1931	Employees; general provisions.
	(5) The home shall have adequate and sufficient staff on duty at all times who are awake, fully dressed, and capable of providing for resident needs consistent with the resident service plans.

ANALYSIS:	The facility's workplace substance abuse policy was reviewed, which demonstrated a formalized procedure to address staff substance use, including the ability to perform drug testing. Facility management staff denied knowledge or suspicion of anyone using substances while at work and deny any complaints relating to the matter.
CONCLUSION:	VIOLATION NOT ESTABLISHED

ALLEGATION: Residents aren't receiving their medications.

INVESTIGATION:

The complaint alleged that Resident A did not receive his medications which caused his death. The complaint also alleged that other residents are not receiving their medications but did not provide the names of the residents or dates that medications were not administered. Due to the anonymous nature of the complaint, additional information could not be obtained.

The administrator and AR confirmed that Resident A passed away on 4/7/25. The administrator and AR reported that on the morning of 4/7/25, Resident A was exhibiting a change in his baseline behavior, which prompted them to call EMS and have him transported to the hospital. The administrator and AR reported that Resident A died later that day, and his daughter informed them that he died due to an aneurysm.

While onsite, I obtained a copy of Resident A's medication administration records for a five-week period (3/1/25-4/7/25) and the following observations were made:

- Resident A missed a scheduled dose of midodrine 3/1/25, 3/29/25, 4/4/25, 4/5/25 and 4/6/26. The MAR was left blank and staff failed to document the reason for the missed doses.

While onsite, the administrator provided a resident roster which listed 26 residents currently. Medication administration records were also requested for six additional residents and the following observations were made:

- Resident B missed a scheduled dose of amlodipine on 4/19/25. The MAR was left blank and staff failed to document the reason for the missed dose.
- Resident C missed a scheduled dose of aspirin, buprenorphine, carvedilol, gabapentin, metformin, olanzapine, omeprazole, oxybutynin, polyethylene glycol and valacyclovir on 4/18/25. The MAR was left blank and staff failed to document the reason for the missed doses.

- Resident D missed a scheduled dose of metronidazole on 3/6/25, 3/7/25 and 3/8/25. The MAR was left blank and staff failed to document the reason for the missed doses.

APPLICABLE RULE	
R 325.1932	Resident medications.
	(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.
ANALYSIS:	<p>The department does not make determinations pertaining to causes of death, however Resident A did not receive all his medications as prescribed during the timeframe reviewed.</p> <p>Review of additional MARs reveals that Residents B, C, and D also did not receive all their medications as prescribed during the timeframe reviewed.</p>
CONCLUSION:	VIOLATION ESTABLISHED

ALLEGATION: Residents aren't being bathed.

INVESTIGATION:

The complaint alleged that staff are not assisting residents to bathe. The complaint did not provide the names of residents who are not bathed. Due to the anonymous nature of the complaint, additional information could not be obtained.

The administrator and AR reported that it is two showers per week per their service plan, unless otherwise specified. The administrator and AR reported that residents who are on hospice are bathed by hospice staff and all other residents are assisted by facility staff. The administrator and AR reported that shower schedules are posted on staff assignment sheets and reported that staff are expected to document bathing activities electronically.

While onsite, I observed the assignment sheets which identified two shower days per week for each resident. Electronic charting documentation was requested for six residents for the previous eight weeks. I observed that each resident was bathed at the frequency that the administrator and AR attested to.

APPLICABLE RULE	
R 325.1933	Personal care of residents.
	(2) A home shall afford a resident the opportunity and instructions when necessary for daily bathing, oral and personal hygiene, daily shaving, and hand washing before meals. A home shall ensure that a resident bathes at least weekly and more often if necessary.
ANALYSIS:	Attestations from staff and review of electronic charting documentation reveal that each resident bathed more than the weekly minimum as outlined in this rule during the timeframe reviewed.
CONCLUSION:	VIOLATION NOT ESTABLISHED

ALLEGATION: Soiled linens aren't being changed.

INVESTIGATION:

The complaint alleged that staff don't change linens when they are soiled and instead "just cover them up". The complaint did not provide resident names that this has allegedly occurred with or dates or a timeframe that this has taken place. Due to the anonymous nature of the complaint, additional information could not be obtained.

The administrator and AR reported that residents' laundry is completed twice weekly, typically on their shower days and that if there is an episode of incontinence staff are expected to change out any affected bedding. The administrator reported that staff often do laundry more often than twice weekly per resident and denies that staff are leaving soiled linens on the beds. The administrator and AR reported that laundry schedules are posted on staff assignment sheets and reported that staff are expected to document laundry activities electronically.

While onsite, I observed the assignment sheets which identified two laundry days per week for each resident. Electronic charting documentation was requested for six residents for the previous eight weeks. I observed that each resident had their laundry completed at the frequency that the administrator and AR attested to.

While onsite, I toured the entire facility. I observed a small laundry room in each wing and a third commercial laundry room located in an employee only area. Laundry was being completed in all three designated areas. Additionally, I observed ten resident beds which were all freshly made and there weren't any soiled linens present. I also observed that the facility had several sets of extra sheets and bedding available to residents.

APPLICABLE RULE	
R 325.1935	Bedding, linens, and clothing.
	(1) Bedding shall be washable, in good condition, and clean, and shall be changed at least weekly or more often as required.
ANALYSIS:	Attestations from staff and review of electronic charting documentation reveal that each resident had their laundry done more than the weekly minimum as outlined in this rule during the timeframe reviewed. Additionally, no soiled linens were observed on resident beds during the onsite inspection.
CONCLUSION:	VIOLATION NOT ESTABLISHED

IV. RECOMMENDATION

Contingent upon receipt of an acceptable corrective action plan, I recommend no changes to the status of the license at this time.



05/02/2025

Elizabeth Gregory-Weil
Licensing Staff

Date

Approved By:



05/12/2025

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

Date