



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
DIRECTOR

August 18, 2025

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

RE: License #: AH630377767
Investigation #: 2025A1027070
Pomeroy Living Orion Assisted & Memory Care

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 #:	AH630377767
Investigation #:	2025A1027070
Complaint Receipt Date:	07/10/2025
Investigation Initiation Date:	07/14/2025
Report Due Date:	09/09/2025
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:	08/01/2025
Expiration Date:	07/31/2026
Capacity:	128
Program Type:	ALZHEIMERS AGED

II. ALLEGATION(S)

	Violation Established?
Expired chicken and potentially contaminated lettuce were reportedly served at the facility.	Yes
Cleaning staff did not receive training on bloodborne pathogen protocols.	No
Additional Findings	No

III. METHODOLOGY

07/10/2025	Special Investigation Intake 2025A1027070
07/14/2025	Special Investigation Initiated - Letter Email sent to Manda Ayoub and Kimberly Reynolds requesting documentation
07/14/2025	Contact - Document Received Email received with requested documentation
07/24/2025	Inspection Completed On-site
08/05/2025	Inspection Completed-BCAL Sub. Compliance
08/18/2025	Exit Conference Conducted by email with Manda Ayoub and Kimberly Reynolds

ALLEGATION:

Expired chicken and potentially contaminated lettuce were reportedly served at the facility.

INVESTIGATION:

On 7/10/2025, the Department received an allegation that the facility was serving expired food, including chicken, and distributing lettuce contaminated with *E. coli*.

On 7/24/2025, an on-site inspection was conducted, and staff were interviewed regarding the complaint.

Administrator Kimberly Reynolds stated that the facility did not serve expired food, including chicken, and denied that any residents, staff, or visitors had experienced illness related to *E. coli*. She further reported that there had been no complaints concerning food quality. According to the Administrator, meals for all residents, whether in the Home for the Aged (HFA), independent living, or staff, were prepared in the same kitchen, and no illness complaints had been reported. She added that the facility's physician group conducts weekly rounds, and no residents had reported symptoms consistent with foodborne illness.

Employee #1's statements were consistent with those of the Administrator.

During the on-site inspection, I observed the facility's refrigerator and freezer storage. Fresh chicken was labeled with packaging dates of July 10, July 14, and July 16, 2025. The chicken packaged on July 10 was due for removal on the day of inspection. However, a package of frozen chicken was labeled with a packaging date of November 30, 2022. The Administrator contacted the facility's chef by telephone, who stated that fresh chicken was considered safe for up to 14 days from the packaging date, and frozen chicken should be used within one year. A box of whole green leaf lettuce was also observed, with a packaging date of July 12, 2025, and appeared fresh with no visible concerns.

On 8/4/2025, the facility provided written correspondence via email which read that the freezer had been thoroughly inspected and organized. The message acknowledged that staff were unaware of the presence of the 2022-dated frozen chicken, which had since been discarded. The facility also confirmed that the chef was no longer employed and expressed gratitude that the expired chicken had not been used.

APPLICABLE RULE	
R 325.1976	Kitchen and dietary.
	(6) Food and drink used in the home shall be clean and wholesome and shall be manufactured, handled, stored, prepared, transported, and served so as to be safe for human consumption.

ANALYSIS:	While no evidence was found to support the allegation of serving contaminated lettuce or widespread foodborne illness, the facility failed to maintain an organized system for monitoring and discarding expired food items. The presence of chicken packaged in 2022 that had not been identified or removed prior to inspection demonstrated a failure to properly oversee food storage practices. Therefore, a violation was substantiated related to improper food storage and inventory management.
CONCLUSION:	VIOLATION ESTABLISHED

ALLEGATION:

Cleaning staff did not receive training on bloodborne pathogen protocols.

INVESTIGATION:

On 7/10/2025, the Department received an allegation which read that cleaning staff were not trained on bloodborne pathogens or on procedures for cleaning up blood.

An on-site inspection was conducted on 7/24/2025, during which staff were interviewed, and relevant documentation was reviewed.

Administrator Kimberly Reynolds reported that bloodborne pathogen training was provided during employee orientation by nursing staff, and that this training included cleaning staff. She also stated that there had been no recent incidents requiring the cleanup of blood.

Employee #1 stated that the home maintained Safety Data Sheets (SDS) books at all nurse stations and near managerial offices, including one accessible to the recently hired housekeeping manager.

During the inspection, two SDS books were observed near the housekeeping manager's office. A review of the facility's bloodborne pathogen training materials indicated that staff were educated on common illnesses caused by bloodborne pathogens, their symptoms, and the body fluids through which they are transmitted. The training also addressed methods to avoid direct contact, outlined standard precautions such as hand hygiene and use of personal protective equipment (PPE), and provided specific instructions for handling blood and body fluids in relation to linens and housekeeping tasks. Procedures for responding to accidental exposure were also included.

Additionally, a review of the training file for recently hired housekeeping staff member, Employee #2, showed documentation of completed orientation, which included infection control training with the wellness director and an SDS post-test.

APPLICABLE RULE	
R 325.1931	Employees; general provisions.
	<p>(6) The home shall establish and implement a staff training program based on the home's program statement, the residents service plans, and the needs of employees, such as any of the following:</p> <ul style="list-style-type: none"> (a) Reporting requirements and documentation. (b) First aid and/or medication, if any. (c) Personal care. (d) Resident rights and responsibilities. (e) Safety and fire prevention. (f) Containment of infectious disease and standard precautions. (g) Medication administration, if applicable.
ANALYSIS:	Based on staff interviews and documentation reviewed during the inspection, it was determined that housekeeping staff had received appropriate education on bloodborne pathogens and procedures for cleaning blood. Therefore, this allegation could not be substantiated.
CONCLUSION:	VIOLATION NOT ESTABLISHED

IV. RECOMMENDATION

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



08/05/2025

Jessica Rogers
Licensing Staff

Date

Approved By:

A handwritten signature in black ink, appearing to read "Andrea L. Moore". The signature is fluid and cursive, with the first name "Andrea" and last name "Moore" clearly distinguishable.

08/18/2025

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

Date