

GRETCHEN WHITMER
GOVERNOR

## STATE OF MICHIGAN DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS LANSING

MARLON I. BROWN, DPA DIRECTOR

September 2, 2025

McKenna Hindman Atria Park of Ann Arbor 1901 Plymouth Road Ann Arbor, MI 48105

RE: License #: AH810400124

Atria Park of Ann Arbor 1901 Plymouth Road Ann Arbor, MI 48105

### 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 home for the aged authorized representative and a date.

Upon receipt of an acceptable corrective action plan, a regular license will be issued. If you fail to submit an acceptable corrective action plan, disciplinary action will result. 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 877-458-2757.

Sincerely,

Jessica Rogers, Licensing Staff

Jossica Rogers

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 RENEWAL INSPECTION REPORT

### I. IDENTIFYING INFORMATION

**License #:** AH810400124

Licensee Name: AOC North Ann Arbor OpCo, LLC

Licensee Address: Suite 200

500 N. Hurstbourne Pkwy Louisville, KY 40222-3301

**Licensee Telephone #:** (877) 483-6827

**Authorized Representative/** 

Administrator: McKenna Hindman

Name of Facility: Atria Park of Ann Arbor

Facility Address: 1901 Plymouth Road

Ann Arbor, MI 48105

**Facility Telephone #:** (734) 741-9500

Original Issuance Date: 01/01/2020

Capacity: 98

Program Type: AGED

**ALZHEIMERS** 

### **II. METHODS OF INSPECTION**

Date of On-site Inspection(s):		08/28/2025	
Date of Bureau of Fire Services Inspection if applicable: 11/15/2024			
Inspection Type:	☐Interview and Observation☐Combination	⊠Worksheet	
Date of Exit Conference: (			
No. of staff interviewed and No. of residents interviewed No. of others interviewed	d and/or observed	15 35	
Medication pass / simulated pass observed? Yes ⊠ No □ If no, explain.			
<ul> <li>Medication(s) and medication records(s) reviewed? Yes ⋈ No ☐ If no, explain.</li> <li>Resident funds and associated documents reviewed for at least one resident? Yes ☐ No ⋈ If no, explain. No resident funds held in trust.</li> <li>Meal preparation / service observed? Yes ⋈ No ☐ If no, explain.</li> </ul>			
<ul> <li>Fire drills reviewed? Yes ☐ No ☒ If no, explain.</li> <li>Bureau of Fire Services reviews fire drills. Disaster plan was reviewed.</li> <li>Water temperatures checked? Yes ☒ No ☐ If no, explain.</li> </ul>			
<ul> <li>Corrective action plan Licensing Study Report 325.1953(1)</li> </ul>	compliance verified? Yes 🖂	AP dated 6/30/2023: R	
<ul> <li>Number of excluded employees followed up? Four N/A</li> </ul>			

### III. DESCRIPTION OF FINDINGS & CONCLUSIONS

This facility was found to be in non-compliance with the following rules:

R 325.1921 Governing bodies, administrators, and supervisors.

- (1) The owner, operator, and governing body of a home shall do all of the following:
- (b) Assure that the home maintains an organized program to provide room and board, protection, supervision, assistance, and supervised personal care for its residents.

The Authorized Representative and Administrator McKenna Hindman provided a list of five assisted living residents using bedside assistive devices. She stated the home does have a policy on these devices and follows manufacturer guidelines.

Observation of the five devices showed that all had covers and were secured to the bed frame, except for the devices used by Residents A and B. In these cases, the devices were held in place only by the mattress weight and a strap around the bed frame, resulting in an insecure and loose fit.

Residents A, B, C, D, and E's service plans revealed that they either omitted or lacked adequate detail regarding the use, care, and maintenance of the devices. Specifically, the plans did not address:

- How residents summon staff while using the device
- Staff responsibilities for inspecting and maintaining the devices

Additionally, the home maintained physician orders for all five devices.

Based on observations, the devices were not secure and tight to the bed frame in accordance with the policy. Additionally, residents' documentation lacked detail regarding the use, care, and maintenance of the devices. Therefore, the facility has not implemented sufficient protective measures to ensure the safety and well-being of residents using bedside assistive devices.

### VIOLATION ESTABLISHED.

### 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.

A review of Resident A's medication administration records (MARs) indicated she was prescribed Metoprolol, to be given as ½ tablet by mouth twice daily, with instructions to hold the medication if systolic blood pressure is below 100 or heart rate is below 55. The MARs showed that staff documented the medication as administered despite vital signs falling outside the prescribed parameters. For example, the medication was marked as given on:

- 8/1/2025 at 9:00 AM with a blood pressure of 95/74
- 8/1/2025 at 9:00 PM with a blood pressure of 87/53
- 8/8/2025 at 9:00 AM with a blood pressure of 93/45

Given this information, staff did not administer Resident A's medications as prescribing by her licensed health care professional.

### **VIOLATION ESTABLISHED.**

### R 325.1964 Interiors.

- (9) Ventilation shall be provided throughout the facility in the following manner:
- (a) A room shall be provided with a type and amount of ventilation that will control odors and contribute to the comfort of occupants.
- (b) Bathing rooms, beauty shops, toilet rooms, soiled linen rooms, janitor closets, and trash holding rooms shall be provided with a minimum of 10 air changes per hour of continuously operated exhaust ventilation that provide discernable air flow into each of these rooms.

The residents' bathing/toilet facilities located in rooms 309 and 419, along with the third-floor public restroom and laundry lacked adequate and discernable air flow.

### **VIOLATION ESTABLISHED.**

### R 325.1979 General maintenance and storage.

(3) Hazardous and toxic materials shall be stored in a safe manner.

Observation of the oxygen storage closet revealed four small oxygen tanks, and one larger tank not stored securely in a proper holder.

### **VIOLATION ESTABLISHED.**

### IV. RECOMMENDATION

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

09/02/2025

Date

**Licensing Consultant**