

RICK SNYDER

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

SHELLY EDGERTON DIRECTOR

March 7, 2018

Shannon Aldrich Ashley Court Of Brighton Inc. 7400 Challis Road Brighton, MI 48116

> RE: License #: AL470092981 Investigation #: **2018A0565011**

> > Ashley Court -Bldg # 3

Dear Ms. Aldrich:

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) 284-9720.

Sincerely,

Dawn Campbell, Licensing Consultant Bureau of Community and Health Systems 611 W. Ottawa Street P.O. Box 30664 Lansing, MI 48909 (517) 284-9724

Enclosure

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

#### I. IDENTIFYING INFORMATION

| License #:                     | AL470092981                   |
|--------------------------------|-------------------------------|
|                                |                               |
| Investigation #:               | 2018A0565011                  |
| On an alari of Danasi of Data  | 04/04/0040                    |
| Complaint Receipt Date:        | 01/31/2018                    |
| Investigation Initiation Date: | 02/01/2018                    |
| investigation initiation bate. | 02/01/2010                    |
| Report Due Date:               | 03/02/2018                    |
| 1100 011 2 010 2 0101          | 03/32/23/3                    |
| Licensee Name:                 | Ashley Court Of Brighton Inc. |
|                                |                               |
| Licensee Address:              | 7400 Challis Road             |
|                                | Brighton, MI 48116            |
| Lisanosa Talankana #           | (040) 005 7400                |
| Licensee Telephone #:          | (810) 225-7400                |
| Administrator:                 | Shannon Aldrich               |
| Administrator:                 | Charlien / Marien             |
| Licensee Designee:             | Shannon Aldrich               |
|                                |                               |
| Name of Facility:              | Ashley Court -Bldg # 3        |
|                                |                               |
| Facility Address:              | 7400 Challis Road             |
|                                | Brighton, MI 48116            |
| Facility Telephone #:          | (810) 225-7400                |
| Tuomity Telephone #:           | (010) 220 1400                |
| Original Issuance Date:        | 08/30/2000                    |
|                                |                               |
| License Status:                | REGULAR                       |
|                                |                               |
| Effective Date:                | 06/16/2017                    |
| Expiration Date:               | 06/15/2019                    |
| Expiration Date:               | 00/13/2018                    |
| Capacity:                      | 20                            |
|                                |                               |
| Program Type:                  | PHYSICALLY HANDICAPPED        |
|                                | AGED                          |
|                                | ALZHEIMERS                    |

#### II. ALLEGATION(S)

### Violation Established?

| The medication room is not locked.  | No  |
|---|-----|
| They do not have sufficient shower supplies for residents.  | Yes |
| Resident rooms are dirty.   | No  |
| The hallway light switch in Building 3 med room shorts out and maintenance is well aware of it.                             | No  |
| Closet doors are continuing to fall down and not get fixed causing dangerous situations if a resident tries to get clothes. | No  |
| The ceiling leaks and there is mold on the baseboards.  | No  |

#### III. METHODOLOGY

| 01/31/2018 | Special Investigation Intake<br>2018A0565011  |
|------------|---|
| 02/01/2018 | Special Investigation Initiated - On Site   |
| 02/01/2018 | Inspection Completed-BCAL Sub. Compliance   |
| 02/27/2018 | Exit conference – conducted exit conference with licensee designee Shannon Aldrich. |

#### **ALLEGATION:**

The medication room is not locked.

#### **INVESTIGATION:**

During the inspection on 02/01/2018, I found the medication room at the facility to be unlocked; however, resident medications are kept in a lockable medication cart. The medication cart was locked at the time of the inspection.

| APPLICABLE RULE |  |
|-----------------|--|
| R 400.15312     | Resident medications.  |
|                 | (1) Prescription medication, including dietary supplements, or individual special medical procedures shall be given, taken, or applied only as prescribed by a licensed physician or dentist. Prescription medication shall be kept in the original pharmacy-supplied container, which shall be labeled for the specified resident in accordance with the requirements of Act No. 368 of the Public Acts of 1978, as amended, being {333.1101 et seq. of the Michigan Compiled Laws, kept with the equipment to administer it in a locked cabinet or drawer, and refrigerated if required. |
| ANALYSIS:       | During my inspection on 02/01/2018, I found the medication cart for the facility to be locked.   |
| CONCLUSION:     | VIOLATION NOT ESTABLISHED  |

#### **ALLEGATION:**

#### **INVESTIGATION:**

On 02/01/2018, Ms. Aldrich stated that the facility provides soap, shampoo and conditioner for residents. Ms. Aldrich stated residents also have the option to bring those items for themselves. Ms. Aldrich stated there is sufficient supplies to shower residents.

On 02/01/2018, Ms. Kranick stated there is not always enough soap to bathe residents. Ms. Kranick stated at times they must use the shower gel belonging to another resident to ensure that all residents have soaps for their showers.

On 02/01/2018, Ms. Cook stated there is enough soap and shower gel to bathe residents.

On 02/01/2018, I observed small travel sized bottles of shower gel for resident showers. This not a sufficient amount to provide showers for the 15 facility residents.

| APPLICABLE RULE |   |  |
|-----------------|---|--|
| R 400.15314     | Resident hygiene.   |  |
|                 | (1) A licensee shall afford a resident the opportunity, and |  |
|                 | instructions when necessary, for daily bathing and oral and |  |

|             | personal hygiene. A licensee shall ensure that a resident bathes at least weekly and more often if necessary.  |  |
|-------------|--|--|
| ANALYSIS:   | On 02/01/2018, I observed small travel sized bottles of shower gel for resident use. This is not a sufficient amount of soap to shower 15 residents. |  |
| CONCLUSION: | VIOLATION ESTABLISHED  |  |

#### **ALLEGATION:**

Resident rooms are dirty.

The hallway light switch in Building 3 med room shorts out and maintenance is well aware of it.

Closet doors are continuing to fall down and not get fixed causing dangerous situations if a resident tries to get clothes.

#### **INVESTIGATION:**

02/01/2018, I inspected resident rooms at the facility. The rooms were appropriately cleaned.

On 02/01/2018, I inspected the medication room. The light switch is in functioning order.

On 02/01/2018, I inspected closet doors of resident rooms. Closet doors were not falling down and were operational.

| APPLICABLE RULE                      |  |  |
|--------------------------------------|--|--|
| R 400.15403 Maintenance of premises. |  |  |
|                                      | (1) A home shall be constructed, arranged, and maintained to provide adequately for the health, safety, and well-being of occupants. |  |

| ANALYSIS:   | On 02/01/2018, I inspected resident rooms at the facility. The rooms were appropriately cleaned.           |
|-------------|--|
|             | On 02/01/2018, I inspected the medication room light and found it to be operating appropriately.           |
|             | On 02/01/2018, I inspected closet doors of resident rooms. They were not falling down and were functional. |
| CONCLUSION: | VIOLATION NOT ESTABLISHED  |

#### **ALLEGATION:**

The ceiling leaks and there is mold on the baseboards.

#### INVESTIGATION:

On 02/01/2018, I inspected the ceilings and floors in the facility. I did not find any ceiling leaks in the facility. I also inspected the floors I did not see any mold on the floors of the facility.

Ms. Aldrich stated there are no leaking ceilings in the facility.

Ms. Aldrich stated there is no mold on any of the facility floors.

On 02/01/2018, I interviewed direct care staff Jennifer Cook who stated she is not aware of any ceiling leaks in the facility. Ms. Cook stated she is not aware of any mold on the floors in the facility.

On 02/01/2018, I interviewed direct care staff Heidi Kranick who stated she has not seen any ceiling leaks are mold on the floors of the facility.

On 02/27/2018, I conducted an exit conference with licensee designee, Shannon Aldrich.

| APPLICABLE RULE                      |   |  |
|--------------------------------------|---|--|
| 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.  |  |

| ŀ | CONCLUSION: | VIOLATION NOT ESTABLISHED  |
|---|-------------|--|
|   | ANALYSIS:   | Based on the above statements and observations there are no leaking ceilings in the facility. No mold was found on the floors of the facility. |

#### IV. RECOMMENDATION

Saux M. amphell

Area Manager

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

| Dawn Campbell        |            | Date |
|----------------------|------------|------|
| Licensing Consultant |            |      |
| _                    |            |      |
|                      |            |      |
|                      |            |      |
| Approved By:         |            |      |
| attinbr              |            |      |
| G. II WIGO           | 03/07/2018 |      |
|                      |            |      |
| Ardra Hunter         |            | Date |

02/27/2018