



RICK SNYDER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

SHELLY EDGERTON  
DIRECTOR

June 28, 2018

Khurram Shahzad  
NHIL Operations  
5155 McCarty Road  
Saginaw, MI 48603

RE: License #: AH730389443  
NHIL Operations  
5155 McCarty Road  
Saginaw, MI 48603

Dear Mr. Shahzad:

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 the 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 (517) 284-9720.

Sincerely,

A handwritten signature in grey ink, appearing to read 'Elizabeth Gregory', with a stylized, cursive flourish.

Elizabeth Gregory, Licensing Staff  
Bureau of Community and Health Systems  
4th Floor, Suite 4B  
51111 Woodward Avenue  
Pontiac, MI 48342  
(810) 347-5503

enclosure

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

**I. IDENTIFYING INFORMATION**

<b>License #:</b>	AH730389443
<b>Licensee Name:</b>	NHIL Operations, LLC
<b>Licensee Address:</b>	5155 McCarty Road Saginaw, MI 48603
<b>Licensee Telephone #:</b>	(989) 577-7000
<b>Authorized Representative:</b>	Khurram Shahzad
<b>Administrator:</b>	June Nadolny
<b>Name of Facility:</b>	NHIL Operations
<b>Facility Address:</b>	5155 McCarty Road Saginaw, MI 48603
<b>Facility Telephone #:</b>	(989) 577-7000
<b>Original Issuance Date:</b>	01/18/2018
<b>Capacity:</b>	100
<b>Program Type:</b>	AGED

## II. METHODS OF INSPECTION

Date of On-site Inspection(s): 6/27/18

Date of Bureau of Fire Services Inspection if applicable: 6/21/18

Inspection Type:  Interview and Observation  Worksheet  
 Combination

Date of Exit Conference: 6/28/18

No. of staff interviewed and/or observed 10

No. of residents interviewed and/or observed 12

No. of others interviewed 0 Role

- Medication pass / simulated pass observed? Yes  No  If no, explain.
- Medication(s) and medication records(s) reviewed? Yes  No  If no, explain.
- Resident funds and associated documents reviewed for at least one resident? Yes  No  If no, explain. Facility does not hold resident funds.
- Meal preparation / service observed? Yes  No  If no, explain.
- Fire drills reviewed? Yes  No  If no, explain.  
Bureau of Fire Services reviews fire drills, but facility disaster planning procedures were reviewed.
- Water temperatures checked? Yes  No  If no, explain.
- Incident report follow-up? Yes  IR date/s: N/A
- Corrective action plan compliance verified? Yes  CAP date/s and rule/s: N/A
- Number of excluded employees followed up? 3 N/A

### III. DESCRIPTION OF FINDINGS & CONCLUSIONS

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

**MCL 333.21333      Smoking policy. [M.S.A. 14.15(21333)]**

**(2)(i) A sign indicating that smoking is prohibited in the facility except in designated areas shall be posted at each entrance to the facility. Each designated smoking area shall be posted as such by sign.**

The facility did not have any “smoking is prohibited” signs on the premises. Facility administrator June Nadolny stated that smoking is not permitted inside the facility and only in designated areas outside.

**R 325.1932              Resident medications.**

**(1) Medication shall be given, taken, or applied pursuant to labeling instructions or orders by the prescribing licensed health care professional.**

The facility has not always administered medications pursuant the labeling instructions. Review of facility medication administration records (MAR) revealed that on 5/17/18, Resident A was not given any of her afternoon/evening medications. Facility staff did not provide any documentation on the MAR as to why the medications weren’t administered. Ms. Nadolny stated that Resident A was out of the facility at that time due to her husband having passed away. Ms. Nadolny stated that staff should have indicated she was out of the facility in the “exceptions” section of the MAR, however that section was blank. Resident B refused one or more doses of her medication “Azelastine” on 6/3/18, 6/7/18, 6/8/18, 6/12-6/23/18 and 6/25-6/27/18. Ms. Nadolny stated that hospice was supposed to discontinue the medication, but could not provide documentation to support that at the time of my inspection. Resident B also received 40mg of “Prednisone” on 6/15/18 when she was instructed to only receive 20mg. Resident C did not receive her “Pantoprazole” as prescribed on 4/11/18. Ms. Nadolny stated that facility staff signed the medication out and initialed in the MAR it was administered when it was never given to the resident.

**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 beauty salon, resident room 116, 100 hallway trash rooms, 200 hallway trash room, 300 hallway trash room, 300 hallway janitor's closet and 300 hallway visitor's bathroom did not have continuous exhaust ventilation.

**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.**

Inspection of the facility kitchen revealed that the walk-in freezer contained "fish stock" that was not properly sealed and had become freezer burned. Also, one of the refrigerators contained sliced watermelon that was not labeled or dated and had obviously gone bad.

**R 325.1976 Kitchen and dietary.**

**(8) A reliable thermometer shall be provided for each refrigerator and freezer.**

The facility did not have a thermometer in the freezer located in resident room 308.

**R 325.1976 Kitchen and dietary.**

**(13) A multi-use utensil used in food storage, preparation, transport, or serving shall be thoroughly cleaned and**

**sanitized after each use and shall be handled and stored in a manner which will protect it from contamination.**

It could not be demonstrated that the dishwashing machine was adequately sanitizing due to multiple instances where the temperature log was left blank or indicated that the temperature was below the required temperature per manufacturer's instruction. Over the last 90 days, the following dates had no temperatures recorded: 4/17/18, 4/21-4/23/18, 4/28-4/29/18, 5/12-5/13/18, 5/19-5/20/18, 5/23/18, 5/30/18 6/2-6/3/18, 6/9-6/10/18, 6/25-6/26/18. The following dates indicated a temperature below manufacturer's guidelines: 4/5/18, 4/7- 4/8/18, 4/24/18, 5/3-5/7/18, 5/9/18, 5/11/18, 5/14-5/18/18, 5/21-5/22/18, 5/24/18, 5/28-5/29/18, 5/31/18, 6/1/18, 6/5- 6/6/18, 6/8/18 and 6/11-6/24/18.

**R 325.1979                      General maintenance and storage.**

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

Hazardous and/or toxic materials were found unsecured in the activities room, laundry rooms and spa. The hazardous/toxic materials were found in cabinets that were not locked and the doors to the rooms were also unlocked.

**IV. RECOMMENDATION**

Contingent upon receipt of an acceptable corrective action plan and approval from Bureau of Fire Services, renewal of the license is recommended.



6/28/18

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Elizabeth Gregory  
Licensing Consultant

Date