



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

ORLENE HAWKS  
DIRECTOR

January 24, 2019

Deborah Skotak  
First & Main of Auburn  
3051 E. Walton Blvd.  
Auburn Hills, MI 48326

RE: License #: AH630370122  
**First & Main of Auburn**  
**3051 E. Walton Blvd.**  
**Auburn Hills, MI 48326**

Dear Ms. Skotak:

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 may 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 black ink, appearing to read 'Elizabeth Gregory-Weil', with a stylized, cursive script.

Elizabeth Gregory- Weil, 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>	AH630370122
<b>Licensee Name:</b>	F&M Auburn Hills OPCO, LLC
<b>Licensee Address:</b>	#2200 2221 Health Drive SW Wyoming, MI 49519
<b>Licensee Telephone #:</b>	(616) 248-3566
<b>Authorized Representative and Administrator:</b>	Deborah Skotak
<b>Name of Facility:</b>	First & Main of Auburn
<b>Facility Address:</b>	3051 E. Walton Blvd. Auburn Hills, MI 48326
<b>Facility Telephone #:</b>	(248) 282-4094
<b>Original Issuance Date:</b>	04/24/2018
<b>Capacity:</b>	158
<b>Program Type:</b>	ALZHEIMERS AGED

## II. METHODS OF INSPECTION

Date of On-site Inspection(s): 01/23/2019

Date of Bureau of Fire Services Inspection if applicable: 04/09/2018

Inspection Type:  Interview and Observation  Worksheet  
 Combination

Date of Exit Conference: 01/23/2019

No. of staff interviewed and/or observed 10

No. of residents interviewed and/or observed 12

No. of others interviewed N/A 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. The 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, however facility disaster planning procedures were reviewed.
- Water temperatures checked? Yes  No  If no, explain.
- Incident report follow-up? Yes  IR date/s: 1/13/19 N/A
- Corrective action plan compliance verified? Yes  CAP date/s and rule/s: N/A
- Number of excluded employees followed up? 1 N/A

### III. DESCRIPTION OF FINDINGS & CONCLUSIONS

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

**R 325.1923            Employee's health.**

**(2) A home shall provide annual tuberculosis screening at no cost for its employees. New employees shall be screened within 10 days of hire and before occupational exposure. The screening shall consist of intradermal skin test, chest x-ray, or other methods as recommended by the local health authority.**

Employee Jennifer Skinner was hired on 10/16/18. Per business office manager Gina Tindall, Ms. Skinner reported that she was allergic to the intradermal TB testing serum. Ms. Tindall and authorized representative Deborah Skotak stated that a negative chest x-ray was submitted on behalf of the employee, however that chest x-ray was completed on 10/18/17, long before Ms. Skinner was hired by the facility. The facility did not provide any TB screening for Ms. Skinner within the timeframe outlined by this rule.

**R 325.1931            Employees; general provisions.**

**(2) A home shall treat a resident with dignity and his or her personal needs, including protection and safety, shall be attended to consistent with the resident's service plan.**

Service plans were reviewed for Residents A, B, C, D and E. Interviews with Ms. Skotak and interim health and wellness director Maggie Beckom reveal that Resident C is bladder incontinent and is on a two hour “check and change” and that has a raised toilet seat which she does not like to use. Resident C’s service plan dated 6/21/18 reads that she is continent of bladder/bowel and makes no mention of the raised toilet seat assistive device or her preferences regarding its use. Ms. Skotak and Ms. Beckom stated that Resident E has a colostomy bag that care staff are required to change and also stated that he receives home care services three times per week. Resident E’s service plan dated 1/13/19 makes no mention of the colostomy bag and does not provide any instruction to staff regarding their responsibility of changing the bag, the frequency of the changes or any specific guidance regarding colostomy care. Resident E’s service plan also makes no mention of the frequency that Resident E is to receive home care. Ms. Beckom stated that she did complete updates to both resident service plans to include the above-mentioned services and preferences but stated that the updates were made in a system that care staff do not have access to.

**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.**

Medication administration records (MAR) were reviewed for Residents A, B, C, D and E. It was revealed that the facility has not always administered medications pursuant the labeling instructions. For example, Resident B did not receive her Zocor and Carvedilol tablets are prescribed on 1/12/19. Facility staff did not document any reason for the missed administrations. Resident C did not receive her “left arm treatment” on 12/14/18 or 1/18/19. Regional director of clinical services Crystal Parrish stated that on 12/14/18, facility staff documented in a progress note that the medication was unavailable but was unable to provide any additional detail. Ms. Parrish stated that on 1/18/19, staff documented in a progress note that the resident was out of lotion and that is the reason the administration was not completed. Resident E did not receive his Trazodone on 10/2/18 or 10/30/18. Facility staff did not document any reason for the missed administrations.

**R 325.1964            Interiors.**

**(1) A building shall be of safe construction and shall be free from hazards to residents, personnel, and visitors.**

The greenhouse located on the first floor and the third floor memory care terrace dining area did not have functioning locking mechanisms or key fobs on the doors. Ms. Skotak stated that the doors have not functioned properly since the facility opened in April 2018. The ceiling of the greenhouse was actively leaking, resulting in water puddles and ice buildup, creating a safety hazard to residents. Additionally, the memory care terrace dining area contained two fully opening windows that were not operational and did not close. A protective screen was placed over the windows; however, the screen was not secured and the open windows were completely accessible to residents with significant cognitive impairments and those that lack safety awareness. Due to the malfunctioning locks in the memory care terrace dining area, residents still had full access to the room, placing them at great risk of harm.

**R 325.1973                      Heating.**

**(1) A home shall provide a safe heating system that is designed and maintained to provide a temperature of at least 72 degrees Fahrenheit measured at a level of 3 feet above the floor in rooms used by residents.**

The first floor greenhouse was 30 degrees. The second floor terrace dining area was 48 degrees. The third floor memory care terrace dining area was 52 degrees.

**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 refrigerator, freezer and dry storage area contained items that were opened, unsealed and were not dated (including but not limited to moldy and/or rotten produce, unsealed and undated ground beef, hot dogs, ham, bacon, expired milk and many other items). Dining director Tom Pavlock stated that he doesn't deem it necessary to date items if he feels that they will be used within a week's time.

**R 325.1979                      General maintenance and storage.**

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

Glue, nail polish, cleaning agents and other hazardous and toxic materials were located in unlocked cabinets throughout the third floor memory care unit that were easily accessible to residents.

**R 325.1981            Disaster plans.**

**(1) A home shall have a written plan and procedure to be followed in case of fire, explosion, loss of heat, loss of power, loss of water, or other emergency.**

The facility disaster plan binder did not contain a procedure for loss of power. When asked about this procedure, Ms. Skotak provided a procedure for loss of heat but could not provide anything specific to an electrical or power outage.

**IV. RECOMMENDATION**

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



1/24/19

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Elizabeth Gregory- Weil  
Licensing Consultant

Date