



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

ORLENE HAWKS  
DIRECTOR

October 3, 2019

Victoria Svet  
A.V. Bloomfield, Inc.  
27136 Delton St.  
Madison Heights, MI 48071

RE: License #: AS630296212  
**Ambrosia Villa Bloomfield**  
**721 Ivy Ln.**  
**Bloomfield, MI 48304**

Dear Ms. Svet:

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 licensee or licensee designee or home for the aged authorized representative and a date.

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

Please contact me with any questions. In the event that I am not available and you need to speak to someone immediately, you may contact the local office at (248) 975-5053.

Sincerely,

A handwritten signature in dark ink that reads "Frodet Dawisha". The signature is written in a cursive, flowing style.

Frodet Dawisha, Licensing Consultant  
Bureau of Community and Health Systems  
4th Floor, Suite 4B  
51111 Woodward Avenue  
Pontiac, MI 48342  
(248) 303-6348

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

**I. IDENTIFYING INFORMATION**

<b>License #:</b>	AS630296212
<b>Licensee Name:</b>	A.V. Bloomfield, Inc.
<b>Licensee Address:</b>	27136 Delton St. Madison Heights, MI 48071
<b>Licensee Telephone #:</b>	(248) 207-6511
<b>Administrator/Licensee Designee:</b>	Victoria Svet
<b>Name of Facility:</b>	Ambrosia Villa Bloomfield
<b>Facility Address:</b>	721 Ivy Ln. Bloomfield, MI 48304
<b>Facility Telephone #:</b>	(248) 207-6511
<b>Original Issuance Date:</b>	09/03/2008
<b>Capacity:</b>	6
<b>Program Type:</b>	PHYSICALLY HANDICAPPED AGED ALZHEIMERS

## II. METHODS OF INSPECTION

Date of On-site Inspection(s): 09/30/2019

Date of Bureau of Fire Services Inspection if applicable: N/A

Date of Health Authority Inspection if applicable: N/A

Inspection Type:  Interview and Observation  Worksheet  
 Combination  Full Fire Safety

No. of staff interviewed and/or observed 3  
No. of residents interviewed and/or observed 6  
No. of others interviewed 1 Role: Licensee Designee

- Medication pass / simulated pass observed? Yes  No  If no, explain.
- Medication(s) and medication record(s) reviewed? Yes  No  If no, explain.
- Resident funds and associated documents reviewed for at least one resident? Yes  No  If no, explain.
- Meal preparation / service observed? Yes  No  If no, explain.
- Fire drills reviewed? Yes  No  If no, explain.
- Fire safety equipment and practices observed? Yes  No  If no, explain.
- E-scores reviewed? (Special Certification Only) Yes  No  N/A   
If no, explain.
- Water temperatures checked? Yes  No  If no, explain.
- Incident report follow-up? Yes  No  If no, explain.
- Corrective action plan compliance verified? Yes  CAP date/s and rule/s:  
N/A
- Number of excluded employees followed-up? N/A
- Variances? Yes  (please explain) No  N/A

### III. DESCRIPTION OF FINDINGS & CONCLUSIONS

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

<b>R 400.14312</b>	<b>Resident medications.</b>
	(4) When a licensee, administrator, or direct care staff member supervises the taking of medication by a resident, he or she shall comply with all of the following provisions: (b) Complete an individual medication log that contains all of the following information: (v) The initials of the person who administers the medication, which shall be entered at the time the medication is given.

During the on-site inspection on 09/30/19, I reviewed Resident A's and Resident B's medications and medication logs and found the following errors:

- Resident A's **Carbamazepin 200MG tab**: Take one tablet at breakfast and lunch and supper was given at supper from 06/08/19-06/30/19; 05/10/19 at lunch and at supper; 03/14/19 at breakfast; 10/30/18 at supper; 10/31/18 at breakfast, lunch and supper; 09/22/18 at breakfast, lunch and supper, but staff did not initial the medication logs.
- Resident A's **Enalapril 20MG tablet**: Take one tablet at breakfast was given 05/10/19; 10/31/18 and from 09/22/18-09/30/18, but staff did not initial the medication logs.
- Resident A's **Escitalopram 10MG tab**: Take one tablet at breakfast was given on 05/10/19, 10/31/18, and 09/22/18 but staff did not initial the medication logs.
- Resident A's **Senokot 8.6-50MG tablet**: Take two tablets at supper was given on 05/10/19, 10/25/18, 10/30/18-10/31/18, 09/22/18 and 06/27/18-06/30/18 but staff did not initial the medication logs.
- Resident A's **POT CL MICRO 10MEQ ER**: Take one tablet at breakfast was given on 09/22/18, but staff did not initial the medication log.
- Resident A's **Ibuprofen 600MG tablet**: Take one tablet at breakfast and supper was given on 09/22/18 and 09/30/18 at breakfast and supper but staff did not initial the medication log.
- Resident A's **Amlodipine 10MG tablet**: Take one tablet at breakfast was given on 09/22/18 and 09/30/18, but staff did not initial the medication log.
- Resident A's **Norvasc 10MG**: Take one tablet once daily at breakfast was given on 09/22/18, but staff did not initial the medication log and on 09/23/18, staff put an "X" instead of initials.
- Resident A's **Zantac 150MG tablet**: Take one tablet at breakfast was given on 09/22/18, but staff did not initial the medication log.
- Resident B's **Metoprolol Tart 25MG tablet**: Take one tablet at breakfast and bedtime was given on 05/10/19 at bedtime; 05/13/19 and 05/14/19 at breakfast and bedtime, but staff did not initial the medication log.
- Resident B's **Novolog insulin**: on a sliding scale for breakfast, lunch and dinner was given on a sliding scale during breakfast on 05/12/19, 05/15/19-05/17/19, 05/21/19-05/23/19, 05/25/19-05/31/19 and during lunch on 05/30/19-05/31/19 but staff did not initial the medication log.
- Resident B's **Lantus Insulin 12Units**: inject 10U by subcut at bedtime was given on 05/10/19 and from 05/19/19-05/31/19, but staff did not initial the medication log.

R 400.14312
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Resident medications.
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	(4) When a licensee, administrator, or direct care staff member supervises the taking of medication by a resident, he or she shall comply with all of the following provisions: (c) Record the reason for each administration of medication that is prescribed on an as needed basis.
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During the on-site inspection on 09/30/19, I reviewed Resident A's medications and medication logs and found the following errors:

- **Tussin Adult 100/5ml LIQ PRN:** Take one teaspoonful (5ml) by mouth every 4-6 hours as needed was given at 8AM from 03/20/18-03/31/18; at 2PM from 03/17/18-03/31/18 and at 6PM from 03/17/18-03/31/18, but the reason for this as needed medication was not recorded.

<b>R 400.14312</b>	<b>Resident medications.</b>
	(4) When a licensee, administrator, or direct care staff member supervises the taking of medication by a resident, he or she shall comply with all of the following provisions: (d) Initiate a review process to evaluate a resident's condition if a resident requires the repeated and prolonged use of a medication that is prescribed on an as needed basis. The review process shall include the resident's prescribing physician, the resident or his or her designated representative, and the responsible agency.

During the on-site inspection on 09/30/19, I reviewed Resident A's medications and medication logs and found the following errors:

- **Tussin Adult 100/5ml LIQ PRN:** Take one teaspoonful (5ml) by mouth every 4-6 hours as needed was given at 8AM from 03/20/18-03/31/18; at 2PM from 03/17/18-03/31/18 and at 6PM from 03/17/18-03/31/18, but a review process with the resident's physician to evaluate the resident's condition for the repeated and prolonged use of this as needed medication was not completed.
- **Prochlorper 10MG tablet PRN:** Take one tablet every four hours as needed was given from 03/18/19-03/31/19, but a review process with the resident's physician to evaluate the resident's condition for the repeated and prolonged use of this as needed medication was not completed.
- **Haloperidol 0.5ML PRN:** Take every four hours as needed was given from 03/25/19-03/31/19, but a review process with the resident's physician to evaluate the resident's condition for the repeated and prolonged use of this as needed medication was not completed.

<b>R 400.14401</b>	<b>Environmental health.</b>
	(2) Hot and cold running water that is under pressure shall be provided. A licensee shall maintain the hot water temperature

