



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

ORLENE HAWKS
DIRECTOR

Lance Davis
Brighton Gardens of Northville
15870 N. Haggerty Rd.
Plymouth, MI 48170

December 20, 2019

RE: Application #: AH820396376
Brighton Gardens of Northville
15870 N. Haggerty Rd.
Plymouth, MI 48170

Dear Mr. Davis:

Attached is the Original Licensing Study Report for the above referenced facility. Due to the severity of the violations, 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 authorized representative and a date.

Upon receipt of an acceptable corrective action plan, a temporary 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 contact the local office at (248) 975-5053.

Sincerely,

Andrea Krausmann, Licensing Staff
Bureau of Community and Health Systems
4th Floor, Suite 4B
51111 Woodward Avenue
Pontiac, MI 48342
(586) 256-1632

enclosure

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

I. IDENTIFYING INFORMATION

License #:	AH820396376
Applicant Name:	HCP Plymouth Township MI OpCo LLC
Applicant Address:	c/o HCP, Inc. Suite 1200 1920 Main Street Irvine, CA 92614
Applicant Telephone #:	(949) 407-0365
Authorized Representative/ Administrator:	Lance Davis
Name of Facility:	Brighton Gardens of Northville
Facility Address:	15870 N. Haggerty Rd. Plymouth, MI 48170
Facility Telephone #:	(734) 420-7917
Application Date:	09/19/2018
Capacity:	120
Program Type:	AGED ALZHEIMERS

II. METHODOLOGY

09/19/2018	Enrollment
09/19/2018	Application Incomplete Letter Sent
10/22/2018	Contact - Document Received Background check for Thomas Patterson.
11/29/2018	Contact - Document Received Updated application and BCAL1603 and 1606 forms changing authorized representative from Thomas Patterson to Melissa Bell.
12/05/2018	Contact - Document Received Background check for Melissa Bell.
12/18/2018	Application Incomplete Letter Sent requested admission contract, policies and procedures
02/18/2019	Contact - Document Received Admission contract, management agreement, etc. rec'd via email from M. Bell
04/18/2019	Contact - Document Received Disaster plan from M. Bell via email.
04/19/2019	Inspection Completed-Fire Safety: C Temporary until 6/21/19 by BFS inspector Larry DeWachter
06/18/2019	Inspection Completed-Fire Safety : A Larry DeWachter
12/10/2019	Application Complete/On-site Needed Policies and procedures approved.
12/11/2019	Contact - Document Received Updated BCAL1603 form changing authorized representative from Melissa Bell to Lance Davis.
12/13/2019	Contact - Document Received Background check for Lance Davis.
12/16/2019	Inspection Completed On-site
12/19/2019	Contact – Document Sent Request for facility's policy on bedside assistive devices.
12/19/2019	Contact - Document Received

Policy received from L. Davis via email.

12/20/2019 Exit Conference – Conducted with authorized representative Lance Davis via telephone.

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

A. Physical Description of Facility

Brighton Gardens of Northville is located at 15870 N. Haggerty Road, Plymouth MI, an urban area close to freeways and shopping centers. It is a three-story steel-framed building built in 1998 and has been operating as a licensed home for the aged since 2000. Around the perimeter of the building are walking paths with benches for sitting. There is also a courtyard enclosed with decorative fence, accessible to residents of the home.

The first floor has the entrance lobby, administrative offices, the main kitchen, a main dining room designated for second and third floor residents, a staff lounge, and a hair salon. This first-floor also has the facility's designated memory care unit commonly referred to as "Reminiscence". It is designed for residents with Alzheimer's disease or other forms of dementia. Reminiscence has its own common areas including dining/living/activity rooms and a prep kitchen. It is a secured unit, requiring staff to enter a code into a keypad to enter/egress the unit for resident safety. Reminiscence has twenty-four residential units with two of these units approved by the Department's Health Facilities Engineering Section for double occupancy: rooms 143 and 164, for a total occupancy of 26 residents.

The second and third floor residential areas are designed for residents who require assisted living. There are forty-one residential units on the second floor with six units approved for double occupancy: rooms 207, 215, 238, 239, 256 and 257. There are two living rooms, a laundry room and a prep kitchen for activities on the second floor. The third floor also has forty-one residential units with six units approved for double occupancy: rooms 307, 315, 338, 339, 356 and 357. There are two living rooms, a laundry room and a prep kitchen for activities on the third floor. The building has a total of 106 units, with 14 units approved for double occupancy resulting in a total capacity of 120 residents.

All resident rooms have attached bathrooms including a shower. Emergency pull cords are present in all bathrooms, in order to call for staff assistance when needed. Residents will also be provided the option to wear electronic pendants. Pressing the pendant's button, will alert staff to the resident's need for attention.

The facility is equipped with a fire suppression system and a generator in the event of a power failure. The natural gas generator powers 2 boilers, 12 heat pumps, the fire panel, common area and hallway lighting, as well as specific electric outlets throughout

the facility. The facility has public water and sewage. On 6/18/19, Larry DeWachter, State Fire Marshall Inspector with the Department of Licensing and Regulatory Affairs Bureau of Fire Services issued approval of the facility's fire safety system.

B. Program Description

Brighton Gardens of Northville has been owned/operated as a licensed home for the aged by Solomon Holdings I – The Triangle LLC since 2004, until a recent change of ownership occurred, and the facility transferred to HCP Plymouth Township MI OpCo LLC (assumed name Brighton Gardens of Northville). HCP Plymouth Township MI OpCo LLC leased the building from HCP MA 4 Northville MI, LP and applied for a home for the aged license under building fire safety type Chapter 19 Existing Health Facility. A business entity search of the State of Michigan Department of Licensing and Regulatory Affairs revealed HCP Plymouth Township MI OpCo LLC is a foreign limited liability company with a qualification date of 7/9/2018.

HCP Plymouth Township MI OpCo LLC has entered into a management agreement with Sunrise Senior Living Management, Inc. to operate the facility.

As a licensed home for the aged, HCP Plymouth Township MI OpCo LLC will provide through its management company room, board, protection, supervision, assistance and supervised personal care to individuals aged 55 and older, along with the provision of services to individuals with Alzheimer's disease or related conditions in the memory care unit. Initial and ongoing training will be provided to all staff including specialized training for working with residents with memory care needs.

HCP Plymouth Township MI OpCo LLC will not be holding resident funds therefore, no surety bond is required.

HCP Plymouth Township MI OpCo LLC has a policy for no smoking in the building, however, residents, staff and visitors are permitted to smoke in a designated area outside the rear of the building.

The managing company Sunrise Senior Living Management, Inc. will provide transportation to certain events as part of their activity program.

The facility has a pet policy that allows residents to have pets provided there is administrative approval, and that the resident is able to care for their pet. The facility currently has two "house" kittens residing in Reminiscence area and a few parakeets/canaries residing in the assisted living area of the building.

C. Rule/Statutory Violations

R 325.1913	Licenses and permits; general provisions.
	(3) The number of residents cared for in a home and the complement of resident beds shall not exceed the number authorized by the license, provisional license, or temporary nonrenewable permit.
<p>The home is presently licensed for 120 beds, with 24 residential units on the first floor and only two of these units approved for double occupancy [rooms 143 and 164]. This makes for a total capacity of 26 residents on the first floor. However, on 12/16/19, there were 29 residents living on the first floor with two residents in residing rooms 132, 138, and 141. These rooms were not approved for double occupancy and this number of residents exceeds the current licensed capacity for the first floor.</p>	
R 325.1921	Governing bodies, administrators, and supervisors.
	<p>(1) The owner, operator, and governing body of a home shall do all of the following:</p> <p>(b) Assure that the home maintains an organized program to provide room and board, protection, supervision, assistance, and supervised personal care for its residents.</p>
For reference: R 325.1901	Definitions.
	<p>(16) “Protection” means the continual responsibility of the home to take reasonable action to ensure the health, safety, and well-being of a resident as indicated in the resident’s service plan, including protection from physical harm, humiliation, intimidation, and social, moral, financial, and personal exploitation while on the premises, while under the supervision of the home or an agent or employee of the home, or when the resident’s service plan states that the resident needs continuous supervision.</p> <p>(22) “Supervised personal care” means guidance of or assistance with activities of daily living provided to the resident by a home or an agent or employee of a home.</p> <p>(23) “Supervision” means guidance of a resident in the activities of daily living, and includes all of the following:</p> <p>(e) Supporting a resident’s personal and social skills.</p>

On 12/16/19, Resident A had two bedside assistive devices commonly known as “Halo” rings, one attached to each side of her bed frame. I observed one ring had been covered to close off distance between the horizontal/vertical slats and prevent a limb from going through and becoming entangled. However, the other Halo ring cover had been removed, as confirmed by Resident A.

Resident A’s service plan read, “I use a halo bar for repositioning. I REMOVE THE COVER FROM THE HALO BAR FOR A BETTER GRIP. I AM AWARE AND HAVE BEEN ADDRESSED BY THE ED [executive director] THE IMPORTANCE OF THE COVER. MY PREFERENCE IS THAT IT IS OFF FOR BETTER GRIP WITH REPOSITIONING. I often remove the cover as this way I can see better. When you see this please assist me in putting the cover back on...Halo Ring with cover used to close off open space between the slats and does not obstruct the residents view from the bed.”

The removal of the Halo ring cover is not in compliance with the facility’s policy about the risks of using bedside assistive devices.

Resident B had only one ring attached to one side of his bed, although his physician order specified “B/L [bi-lateral] halo bar for bed positioning”. The facility did not follow the physician’s order for bi-lateral Halo. Resident B’s occupational therapist order specified “Patient requires bilateral bars to participate in bed mobility, dressing and transfer task completion at highest level of functional ability and to decrease caregiver burden”. It is unclear whether the occupational therapist intended “bars” to be different than the Halo rings.

In addition, with just a slight push, as may occur when exiting the bed, Resident B’s mattress easily shifted away from the Halo ring resulting in a gap between the mattress and the device. A gap such as this puts the resident at risk for entanglement/entrapment and is not in compliance with the facility’s policy to prevent such gaps.

R 325.1922	Admission and retention of residents.
	(5) A home shall update each resident's service plan at least annually or if there is a significant change in the resident's care needs. Changes shall be communicated to the resident and his or her authorized representative, if any.
For reference: R 325.1901	Definitions.
	(21) “Service plan” means a written statement prepared by the home in cooperation with a resident and/or the resident’s authorized representative or agency responsible for a resident’s placement, if any, and that identifies the specific care and maintenance, services,

and resident activities appropriate for each individual resident's physical, social, and behavioral needs and well-being and the methods of providing the care and services while taking into account the preferences and competency of the resident.

On 12/16/19, I observed Halo ring devices attached to the beds of Resident A, Resident B and Resident C. Mr. Davis provided the Sunrise bed safety program policy specifies that a nurse will complete a nurse for Service Evaluation & Health Assessment (SEHA), reviewing the resident's bed mobility, cognition and safety awareness as well as ability to transfer between positions, to determine if an assistive device is needed. This SEHA evaluation/assessment was not observed in the three residents' records.

The Sunrise policy also indicates that the resident's service plan is to include when to use the device, monitoring and resident specific care instructions, difficulties or changes in the resident's ability to utilize the device, and changes to the resident's bed environment, including the addition or removal of assistive devices.

Resident A had rings attached to both sides of her bed. In addition to what was written previously above, Resident A's service plan also included, "Ensure my assistive device is available for use, clean and in good condition".

Resident B's service plan read, "I need an enabler to assist with my bed mobility. I have a Halo bar attached to the right side of my bed [contrary to the physician's bi-lateral Halo order]. It is to remain covered for my safety. I will use it to position myself properly in the bed...Halo Ring with cover used to close off open spaces between the slats and does not obstruct the residents view from the bed. I require the use of a HALO RING on the RIGHT side of my bed to assist me in bed mobility. The bed assist device is mechanically sound, firmly attached to the bed frame, and any latches or mechanics are in good working order. The distance between the slats (the horizontal or vertical supports between the perimeter of the bed assist device is small enough to prevent the resident's head/leg or arm from becoming accidentally entrapped between the slats."

On 12/16/19, I observed Resident C had a Halo ring attached to one side of his bed. His service plan read, "I need a halo bar to assist with bed mobility. . . Halo Ring with cover used to close off open spaces between the slats and does not obstruct the resident's view from the bed. I require the use of a Halo Ring attached to the left side of my bed to assist me in bed mobility. The bed assist device is mechanically sound, firmly attached to the bed frame, and any latches or mechanics are in good working order. The distance between the slats (the horizontal or vertical supports between the perimeter of the bed assist device is

small enough to prevent the resident's head/leg or arm from becoming accidentally entrapped between the slats."

The service plans for Residents A, B, and C were not updated to meet compliance with Sunrise policy to include when to use the device, monitoring and resident specific care instructions, difficulties or changes in the resident's ability to utilize the device, and changes to the resident's bed environment, including the addition or removal of assistive devices. The service plans were not updated to specify methods of providing care and services frequency of resident observation when bedside assistive device is in use, methods of monitoring the equipment by trained staff for maintenance of the device and for monitoring measurements of gaps to protect the resident from the possibility of physical harm related to entrapment, entanglement, strangulation, etc.

VIOLATION ESTABLISHED

R 325.1922

Admission and retention of residents.

(7) An individual admitted to residence in the home shall have evidence of initial tuberculosis screening on record in the home that was performed within 12 months before admission. Initial screening may consist of an intradermal skin test, a blood test, a chest x-ray, or other methods recommended by the public health authority. The screening type and frequency of routine tuberculosis (TB) testing shall be determined by a risk assessment as described in the 2005 MMWR "Guidelines for Preventing the Transmission of Mycobacterium tuberculosis in Health-Care Settings, 2005" (<http://222.cdc.gov/mmwr/pdf/rr/rr5417.pdf>), Appendices B and C, and any subsequent guidelines as published by the centers for disease control and prevention. A home, and each location or venue of care, if a home provides care at multiple locations, shall complete a risk assessment annually. Homes that are low risk do not have to conduct annual TB testing for residents.

Mr. Davis located a TB risk assessment policy dated 4/23/18, but he was unable to locate evidence that an annual TB risk assessment for residents had been completed.

VIOLATION ESTABLISHED

R 325.1923	Employee's health.
	<p>(2) A home shall provide initial tuberculosis screening at no cost for its employees. New employees shall be screened within 10 days of hire and before occupational exposure. The screening type and frequency of routine tuberculosis (TB) testing shall be determined by a risk assessment as described in the 2005 MMWR Guidelines for Preventing the Transmission of Mycobacterium tuberculosis in Health-Care Settings, 2005 (http://www.cdc.gov/mmwr/pdf/rr/rr5417.pdf), Appendices B and C, and any subsequent guidelines as published by the centers for disease control and prevention. Each home, and each location or venue of care, if a home provides care at multiple locations, shall complete a risk assessment annually. Homes that are low risk do not need to conduct annual TB testing for employees.</p>
<p>Mr. Davis located a TB risk assessment policy dated 4/23/18, but he was unable to locate evidence that an annual TB risk assessment for employees had been completed.</p>	
VIOLATION ESTABLISHED	
R 325.1931	Employees; general provisions.
	<p>(3) The home shall designate 1 person on each shift to be supervisor of resident care during that shift. The supervisor of resident care shall be fully dressed, awake, and on the premises when on duty.</p>
<p>According to the facility's administrator Lance Davis, there are two persons designated to be supervisors of resident care on each shift; one supervisor in assisted living area of the home and one supervisor in Reminiscence, the memory care unit of the home. This is not in compliance with this rule.</p>	
VIOLATION ESTABLISHED	
R 325.1932	Resident medications.
	<p>(1) Medication shall be given, taken, or applied pursuant to labeling instructions or orders by the prescribing licensed health care professional.</p>
<p>Resident D did not receive medication as ordered. She was discharged from the hospital on 12/15/19 at 3:17 pm with a diagnosis of a femoral neck fracture. She was prescribed Tylenol three time a day for pain. At approximately 2 pm</p>	

on 12/16/19, I observed staff Leah Alexander document that she was not administering the Tylenol for the second time that day because it was not available. Ms. Alexander said there was no Tylenol on the medication cart available for Resident D.

Resident E did not receive medication as ordered. According to the medication administration record (MAR) Resident E is to receive Ativan/Lorazepam .5 mg one tablet three times daily. On 12/16/19, I observed Ms. Alexander crush Resident E's 2 pm dose of Ativan/Lorazepam and administer it to her. The MAR did not specify that Resident E's medication was to be crushed. Ms. Alexander said Resident E's granddaughter told her that was the only way to get the medication in her and she had also administered it that way in the morning. According to www.mayoclinic.org Ativan/Lorazepam tablet medication is to be taken whole. It is not to be crushed, broken or chewed.

Resident F did not receive medication as ordered. The MAR indicated Resident F had an order for Nystatin Cream 100000 unit/gm to be applied to inner buttocks topically for a rash for 14 days beginning 12/14/19. As of 2 pm on 12/16/19, there were no staff initials on the MAR to indicate it had been administered. Ms. Alexander said she thought the medication was discontinued.

	VIOLATION ESTABLISHED
R 325.1932	Resident medications.
	(2) The giving, taking, or applying of prescription medications shall be supervised by the home in accordance with the resident's service plan.
<p>The giving, taking or applying of prescription medications was not always addressed in the resident's service plan.</p> <p>For example: Resident D has orders for Ativan oral tablet every 12 hours as needed for agitation/anger or anxiety/inconsolable tearfulness; and an order for Ativan .5mg/.5mL gel to apply to skin topically every 8 hours as needed for agitation/anger or anxiety/inconsolable tearfulness, administer if unable to administer oral Ativan. However, Resident D's service plan read, "Observe for signs of frustration during my attempts to communicate and give me time to express myself...Mood state is usually QUIET – I may be shy until I get to know you...Allow me adequate time to talk and actively listen when I am withdrawn...Sunrise team member will assist me/ administer my medications with my preferred beverage". The service plan does not indicate Resident D has any behaviors agitation/anger or anxiety/inconsolable tearfulness, nor any methods of how staff are to respond including the use of these medications.</p>	
	VIOLATION ESTABLISHED

R 325.1932	Resident medications.
	<p>(3) If a home or the home's administrator or direct care staff member supervises the taking of medication by a resident, then the home shall comply with all of the following provisions:</p> <p>(c) Record the reason for each administration of medication that is prescribed on an as-needed basis.</p>
<p>Staff did not document the reason for each administration of medication that is prescribed on an as-need basis. For example: Resident D has an order for Lorazepam every 12 hours as needed for agitation/anger or anxiety/inconsolable tearfulness. Staff initials on the medication administration record (MAR) indicate it was administered on 12/2, 12/4, and 12/8/19, however there was no reason documented on the MAR for these administrations.</p> <p>Resident F has an order for Alprazolam every 8 hours as needed for anxiety aeb [as evidenced by] excessive worrying, irritation. Staff initials indicate it was administered on 12/6 and 12/13/19, but no reasons were documented for these administrations.</p> <p>The omission of reasons was confirmed by Wellness Nurse Lynda Schultz, who said the electronic MAR does not prompt staff to record a reason for administering medication prescribed as-needed, unless it is a pain medication. Then the MAR prompts staff to record a pain scale number, regardless of whether the resident has the cognitive ability and is capable of reporting such.</p>	
VIOLATION ESTABLISHED	
R 325.1932	Resident medications.
	<p>(3) If a home or the home's administrator or direct care staff member supervises the taking of medication by a resident, then the home shall comply with all of the following provisions:</p> <p>(e) Adjust or modify a resident's prescription medication with instructions from a prescribing licensed health care professional who has knowledge of the medical needs of the resident. A home shall record, in writing, any instructions regarding a resident's prescription medication.</p>
<p>The home did not always adjust or modify a resident's prescription medication with instructions from a prescribing licensed health care professional. As noted</p>	

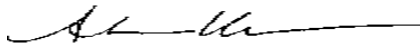
<p>previously, Ms. Alexander crushed Resident E's Ativan/Lorazepam because her granddaughter told her. Ms. Alexander also presented a list of resident names with words such as "crush", "whole c [with] apple sauce" and "crushed with applesauce" alongside the names. Ms. Alexander said this was a "cheat sheet" for staff to administer medications. Inconsistencies were noted between this "cheat sheet" and physician orders on the MAR. For example: The "cheat sheet" listed Resident G's name with the word "whole" that had been crossed out and the word "crush" written next to it. Ms. Alexander said staff crush Resident G's medications. However, Resident G's MAR indicates, "Meds whole with water". It should be noted that Resident G is prescribed Acetaminophen caplet, Ativan/Lorazepam, and diphenhydramine HCL capsules, all of which are medications not to be crushed.</p>	
	VIOLATION ESTABLISHED
R 325.1944	Employee records and work schedules.
	(2) The home shall prepare a work schedule showing the number and type of personnel scheduled to be on duty on a daily basis. The home shall make changes to the planned work schedule to show the staff who actually worked.
<p>The staff work schedule did not show the type of personnel scheduled on duty. Specifically, the schedule did not identify one supervisor of each shift but instead identified two "Lead Care Managers" on each shift, which according to Mr. Davis, represents two supervisors of resident care on each shift.</p>	
	VIOLATION ESTABLISHED
R 325.1954	Meal and food records.
	The home shall maintain a record of the meal census, to include residents, personnel, and visitors, and a record of the kind and amount of food used for the preceding 3-month period.
<p>Upon request, kitchen staff Deborah Gore and Mr. Davis were unable to locate a meal census to include residents, personnel and visitors.</p>	
	VIOLATION ESTABLISHED

R 325.1962	Exteriors.
	(2) The premises shall be maintained in a safe and sanitary condition and in a manner consistent with the public health and welfare.
<p>The Reminiscence memory care unit outdoor courtyard was enclosed in PVC privacy fencing. The bottom of the fence was missing an approximate two foot by five foot horizontal slat section. Another two foot by five foot horizontal slat section across the bottom was broken and hanging. The missing section was large enough for someone to exit under the fence. Directly behind this fence, the ground rolls down into a drainage pond.</p>	
	VIOLATION ESTABLISHED

On 12/20/19, I reviewed the findings of this report with authorized representative Lance Davis via telephone.

IV. RECOMMENDATION

Contingent upon receipt of an acceptable corrective action plan, a 6-month temporary home for the aged license for aged and Alzheimer's/dementia programs is recommended.

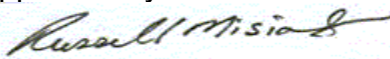


12/19/19

Andrea Krausmann
Licensing Staff

Date

Approved By:



12/20/19

Russell B. Misiak
Area Manager

Date