



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

ORLENE HAWKS
DIRECTOR

Michele Locricchio
Anthology of Northville
44600 Five Mile Rd
Northville, MI 48168

March 25, 2021

RE: License #: AH820399661
Anthology of Northville
44600 Five Mile Rd
Northville, MI 48168

Dear Ms. Locricchio:

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 licensee's authorized representative and a date.

Upon receipt of an acceptable corrective action plan and resolution of any outstanding special investigation report(s), 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 (248) 975-5053.

Sincerely,

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

enclosure

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

I. IDENTIFYING INFORMATION

License #:	AH820399661
Licensee Name:	CA Senior Northville Operator, LLC
Licensee Address:	44600 Five Mile Rd Northville, MI 48168
Licensee Telephone #:	(312) 994-1880
Authorized Representative:	Michele Locricchio
Administrator:	Jeffrey Madak
Name of Facility:	Anthology of Northville
Facility Address:	44600 Five Mile Rd Northville, MI 48168
Facility Telephone #:	(248) 697-2900
Original Issuance Date:	08/12/2020
Capacity:	103
Program Type:	ALZHEIMERS AGED

II. METHODS OF INSPECTION

Date of On-site Inspection(s): 03/16/2021

Date of Bureau of Fire Services Inspection if applicable: 08/19/2020, 09/04/2020

Inspection Type: ☐ Interview and Observation ☒ Worksheet
☐ Combination

Date of Exit Conference: 03/25/2021

No. of staff interviewed and/or observed 20

No. of residents interviewed and/or observed 30

No. of others interviewed one Role Resident's family member

- 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. No resident funds are held by facility.
- Meal preparation / service observed? Yes ☒ No ☐ If no, explain.
- Fire drills reviewed? Yes ☐ No ☒ If no, explain.
Bureau of Fire Services reviews fire drills. I interviewed staff about disaster plan.
- Water temperatures checked? Yes ☒ No ☐ If no, explain.
- Incident report follow-up? Yes ☒ IR date/s: 11/12/20, 12/2/20 N/A ☐
- Corrective action plan compliance verified? Yes ☒ CAP date/s and rule/s: CAP dated 12/9/20 to SIR2020A0585061 R325.1921(1)(b); R325.1931(2); R325.1931(5); R325.1933(2).
-
- Number of excluded employees followed up? one N/A ☐

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

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

MCL 333.20173(a)(2) Covered facility; employees or applicants for employment; prohibitions; criminal history check; procedure; conditional employment or clinical privileges; ...

(2) Except as otherwise provided in subsection (5), a covered facility shall not employ, independently contract with, or grant privileges to an individual who regularly has direct access to or provides direct services to patients or residents in the covered facility until the covered facility or staffing agency has a criminal history check conducted in compliance with this section or has received criminal history record information in compliance with subsections (3) and (10). This subsection and subsection (1) do not apply to any of the following:

(a) An individual who is employed by, under independent contract to, or granted clinical privileges in a health facility or agency before April 1, 2006. On or before April 1, 2011, an individual who is exempt under this subdivision and who has not been the subject of a criminal history check conducted in compliance with this section shall provide the department of state police with a set of fingerprints and the department of state police shall input those fingerprints into the automated fingerprint identification system database established under subsection (13). An individual who is exempt under this subdivision is not limited to working within the covered facility or agency with which he or she is employed by, under independent contract to, or granted clinical privileges on April 1, 2006. That individual may transfer to another covered facility or adult foster care facility, or mental health facility. If an individual who is exempt under this subdivision is subsequently convicted of a crime described under subsection (1)(a) to (g) or found to be the subject of a substantiated finding described under subsection (1)(i) or an order or disposition described under subsection (1)(h), or is found to have been convicted of a relevant crime described under 42 USC 1320a-7(a), then he or she is no longer exempt and shall be terminated from employment or denied employment or clinical privileges.

(b) An individual who is an independent contractor with a covered facility if he or she is not under the facility's control and the services for which he or she is contracted are not directly related to the provision of services to a patient or

resident or if the services for which he or she is contracted allow for direct access to the patients or residents but are not performed on an ongoing basis. This exception includes, but is not limited to, an individual who is under an independent contract with the covered facility to provide utility maintenance, construction, or communications services.

Administrator Jeffrey Madak and business office manager Stephanie Kraft said the facility has not been requiring criminal background checks of individuals that the facility has contracted with and/or granted clinical privileges directly related to the provision of services and ongoing direct access to residents, such as the facility's hairdresser and visiting physicians.

VIOLATION ESTABLISHED

R 325.1921 Governing bodies, administrators, and supervisors.

(1) The owner, operator, and governing body of a home shall do all of the following:

(b) Assure that the home maintains an organized program to provide room and board, protection, supervision, assistance, and supervised personal care for its residents.

**For reference: Definitions.
R 325.1901**

(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.

The facility did not have an organized program to ensure the safety and protection of Resident A and Resident B as evidenced by the following:

The facility has not followed their own policy regarding bed mobility devices. It was observed that both Resident A and Resident B had a grab bar on one side of their beds. Mr. Madak said he believed the devices were put on the beds by the residents' families. Mr. Madak said they were not ordered by the residents' physicians, nor reviewed by the facility's Wellness Department Leaders, Director of Health and Wellness and himself prior to any decision-making process pertaining to

the use of these devices. The staff were not trained to implement the devices for each resident, and they were not trained for ongoing assessment of the continuing safety of the equipment/devices such as gapping, loose bolts, etc. The use of the bedside assistive devices was not included in the residents' service plans and consequently, did not include the frequency of resident observation when in the device is in use.

Observation of Resident A's and Resident B's grab bars revealed metal tubing devices in an upside down "U" shape with significant openings to allow for limbs, and in the case of Resident B's device his head also, that could easily go through the device resulting in possible entrapment. In addition, Mr. Madak said the devices were of the type that slid between the mattress and the box spring. Resident A's device appeared to strap onto the bedframe. A table blocked view. In either case, devices that are not directly affixed to the bedframe are prohibited in the home in accordance with AFC and Camps Licensing Division technical assistance handbook located at:

https://www.michigan.gov/documents/dhs/HFA_Technical_Assistance_Handbook_343632_7.pdf?20130607102727

It is also noted that the facility's policy titled *Resident Safety & Risk Management* on the use of bedside assistive devices addressed decision making by the facility's Wellness Department Leaders, Director of Health and Wellness and the administrator. It also read if potential concerns are identified, or changes of device are needed, the resident's responsible party and attending physician should be notified by the LN [lead nurse]. The policy did not include the requirements and methods for ongoing assessment of the continuing safety of the equipment/device such as gapping, loose bolts, etc. as detailed in the technical assistance of the department.

VIOLATION ESTABLISHED

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: Definitions.
R 325.1901**

(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.

The home did not update each resident's service plan when a significant change in the resident's care needs occurred. For example: Resident C's service plan dated 8/10/21 indicates Resident C is dependent on staff member for all mobility/ambulation needs or requires hands on assistance on a routine basis. It also indicates she uses an electric and manual wheelchair and she has a high potential for falls. However, Mr. Madak said Resident C has made significant progress and she is supposed to ambulate with a walker, but she often ambulates independently without it.

Resident C's service plan indicates she has an indwelling catheter, but Mr. Madak said that is no longer the case.

Resident C's service plan indicates she uses a grab bar to evacuate. It is unclear where this grab bar is located and/or how she is to use it. Mr. Madak said Resident C does not have a grab bar in her room.

Many needs listed on Resident C's service plan begin with "Resident has current or history of . . ." but does not specify whether it is current or historical. For example: Resident C's service plan indicates "Resident has current or history of frequent disruptive, aggressive, or socially inappropriate behavior, either verbally or physically improper. May require professional consultation or staff training. May have behavior management plan in place". Mr. Madak checked records and said there was no professional consultation completed, no specific staff training and no behavior management plan in place. It is unclear whether that means this behavior is historical only.

In addition, Resident C's service plan lacked any specific methods for staff to address the resident's needs and the resident's preferences and competency. For example: In regard to bathing, Resident C's service plan read, "Resident will maintain and/or maximize current level of functioning with bathing bench one time per day every one week on Tuesday and Friday". Mr. Madak said every resident minimally requires staff stand-by assistance, if not more assistance, during bathing. There was no indication whether staff provide any assistance to Resident C during bathing. There was no methodology to minimally provide stand-by assistance or more, if needed, nor did the service plan specify Resident C's preferences and competency in regard to bathing.

Therefore, the service plan was not updated to Resident C's current needs, nor did the service plan provide specific care and maintenance, services and methods of

providing the care and services while taking into account the preferences and competency of the resident.

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.

7) An individual admitted to residence in the home shall have evidence of tuberculosis screening on record in the home which consists of an intradermal skin test, chest x-ray, or other methods recommended by the local health authority performed within 12 months before admission.

Mr. Madak said the facility has not completed an annual risk assessment to determine whether residents require TB testing. The facility has been licensed for only seven months, but there are residents that have resided in the facility under the previous license for more than a year.

VIOLATION ESTABLISHED

R 325.1923 Employee's health.

(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.

Mr. Madak said the facility has not completed an annual risk assessment to determine whether employees require TB testing. The facility has been licensed for only seven months, but there are employees who have continuously worked in the facility under the previous license for more than a year.

VIOLATION ESTABLISHED

R 325.1931 Employees; general provisions.

(6) The home shall establish and implement a staff training program based on the home's program statement, the residents service plans, and the needs of employees, such as any of the following:

- (a) Reporting requirements and documentation.**
- (b) First aid and/or medication, if any.**
- (c) Personal care.**
- (d) Resident rights and responsibilities.**
- (e) Safety and fire prevention.**
- (f) Containment of infectious disease and standard precautions.**
- (g) Medication administration, if applicable.**

For reference: R 325.1944 Employee records and work schedules.

(1) A home shall maintain a record for each employee which shall include all of the following:

- (d) Summary of experience, education, and training.**

Employees did not always complete the staff training program before working independently with residents. For example: Employee #1 was hired on 11/27/20. Employee #1 confirmed that she works independently with residents, as a medication technician and a direct care manager/supervisor. However, Mr. Madak confirmed with Employee #1's file that she had not completed training based on the

home's program statement, the resident's service plans, reporting and documenting, personal care, and resident rights and responsibilities.

VIOLATION ESTABLISHED

R 325.1931 Employees; general provisions.

(7) The home's administrator or its designees are responsible for evaluating employee competencies.

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.

(2) A disaster plan shall be available to all employees working in the home.

(3) Personnel shall be trained to perform assigned tasks in accordance with the disaster plan.

Mr. Madak said the facility has not developed methods for evaluating employee competencies on various training. For example: Employee #1 signed a document that received a copy of the resident rights and responsibilities and that she understands it is her responsibility to adhere and uphold the resident rights. However, neither administrator Mr. Madak nor a designee evaluated her competency of resident rights. In addition, Employee #1's record indicated she completed training in the facility's disaster plan but there was no evidence of competency evaluation. When interviewed, Employee #1 said she was not trained on the facility's disaster plan and she did not know where it was maintained in the facility.

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.

The giving, taking or applying of prescription medications was not always addressed in the resident's service plan.

For example: According to the medication administration record (MAR), Resident C has a physician's order for the medication Lorazepam as needed for anxiety/agitation. However, Resident C's service plan dated 8/11/21, only read, "Lorazepam Oral Tablet 0.5 mg. Give 0.5 MG tablet by mouth PRN". Separately,

the service plan reads Resident C has “Occasional anxiety issues. Resident has current or history of occasional anxiety”. The giving of Resident C’s prescribed medication for “anxiety/agitation” behavior is not addressed in the service plan. Also, the service plan does not identify how Resident C demonstrates this anxiety/agitation behavior for staff to be able to identify it as such; nor does it specify care services to be provided including the method of using medication to address the behavior.

VIOLATION ESTABLISHED

R 325.1932 Resident medications.

(5) A home shall take reasonable precautions to ensure or assure that prescription medication is not used by a person other than the resident for whom the medication is prescribed.

To ensure narcotic medication is not used by a person other than the resident for whom the medication is prescribed, the facility implemented a procedure of maintaining a *Controlled Substance Shift Inventory* sheets for all such medications. As confirmed by Mr. Madak and the facility’s nurse Lynne St. Lawrence, at the change of each shift the staff person responsible for a medication cart who is about to leave their shift will meet with the responsible staff person arriving for the next shift. Together, the two staff persons will manually count every controlled substance medication in the medication cart for which they are responsible to ensure that the number of medications available in the cart matches the number on accountability sheets. Then, both staff persons are to sign the controlled substance inventory sheets together indicating they are in agreement with the count and the incoming staff then takes responsibility for the cart.

However, at approximately noontime on 3/16/21, the *Controlled Substance Shift Inventory* sheets revealed that the previous outgoing midnight shift staff signed the sheet at 7 am when she left her shift. The incoming day shift staff did not sign the document confirming the medication count. Day shift staff Johnna Mitchell affirmed that the midnight shift staff left the building and she now had responsibility of the cart. However, Ms. Mitchell said she did not conduct the count of controlled medications. Ms. Mitchell said she believes nurse Lynne St. Lawrence conducted the count that morning with the midnight shift and it would have been her responsibility to sign the sheet. Ms. St. Lawrence said she reviewed medication documentation at the request of the outgoing staff but she did not sign the *Controlled Substance Shift Inventory* sheet confirming the count. No day shift staff signed the sheet for confirming the medication count and assuming responsibility of the cart.

Therefore, the staff is not following the facility's procedure/policy in taking the reasonable precautions to ensure prescription medication is not used by a person other than the resident for whom the medication is prescribed.

VIOLATION ESTABLISHED

R 325.1943 Resident registers.

(1) A home shall maintain a current register of residents which shall include all of the following information for each resident:

(a) Name, date of birth, gender, and room.

(b) Name, address, and telephone number of next of kin or authorized representative, if any.

(c) Name, address, and telephone number of person or agency responsible for resident's maintenance and care in the home.

(d) Date of admission, date of discharge, reason for discharge, and place to which resident was discharged, if known.

(e) Name, address, and telephone number of resident's licensed health care professional, if known.

**For reference: Resident registers.
R 325.1943**

(2) A register of all residents shall be maintained at all times for the previous 2 years.

Mr. Madak said he has not yet developed a register of residents' information that includes all the required documentation.

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.

**For reference: Employees; general provisions.
R 325.1931**

(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.

The facility's work schedule did not include the types of personnel on duty. Specifically, the schedule did not identify the supervisor of resident care for each shift.

VIOLATION ESTABLISHED

R 325.1953 Menus.

- (1) A home shall prepare and post the menu for regular and therapeutic or special diets for the current week. Changes shall be written on the planned menu to show the menu as actually served.**

On 3/16/21, the facility's menu had not been updated with changes to show the menu as actually served. For example, the menu indicated peas were served for lunch, but I observed a peas and carrots combination was being served.

In addition, the home did not post the therapeutic or special diets for the current week. The home serves a pureed diet for two residents living in the memory care unit. This therapeutic menu was not posted.

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.**

Mr. Madak said he confirmed with the kitchen staff that there was no record of the kind and amount of food used for the preceding 3-month period.

VIOLATION ESTABLISHED

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.

A sample check of exhaust vents revealed the ventilation was not functioning in all required rooms. For examples, the exhaust vents were not functioning in the first floor hair salon, nor in two janitor closets.

VIOLATION ESTABLISHED

R 325.1974 Laundry and linen.

(1) A home that processes its own linen shall provide a well ventilated laundry of sufficient size which shall be equipped to meet the needs of the home.

The vent hose exiting one laundry dryer had loosened at the connection site. It was partially pulled away leaving an open gap allowing lint to accumulate outside the hose at the base of the dryer. Therefore, the laundry was not well-ventilated.

VIOLATION ESTABLISHED

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.

To demonstrate that the dishwasher was sanitizing multi-use utensils, Kitchen Manager Mike Donovan utilized a test strip and put it through the dish cycle. However, the test strip did not change colors to match the key that indicates sanitization occurred. Therefore, it could not be determined that multi-use utensils were being sanitized after each use.

VIOLATION ESTABLISHED

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 home's written plan and procedure for disasters had been altered and no longer matched the plan that had approved by the department at the time of original licensure.

For one example, the facility's current disaster plan for fire had been altered from the original disaster plan. The current disaster plan no longer contained the acronym RACE as representing:

R = remove persons from immediate danger;
A = activate the building's fire alarm system and call 911;
C = confine the fire by closing all windows and doors;
E = extinguish fire.

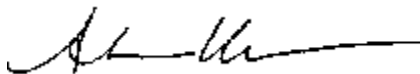
This is only one example, but other changes to the disaster plan were also noted.

VIOLATION ESTABLISHED

On 3/25/21, I reviewed the findings of this report with licensee authorized representative Michele Locricchio by telephone.

IV. RECOMMENDATION

Contingent upon receipt of an acceptable corrective action plan and resolution of any outstanding special investigation report(s), renewal of the license is recommended.



3/25/2021

Andrea Krausmann
Licensing Consultant

Date