



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

ORLENE HAWKS
DIRECTOR

May 11, 2021

Gagandeep Mann
JP Managed Services, Inc.
Suite A
2316 John R
Troy, MI 48083

RE: License #: AL630295441
Sun Valley Senior Living
2316 John R
Troy, MI 48084

Dear Ms. Mann:

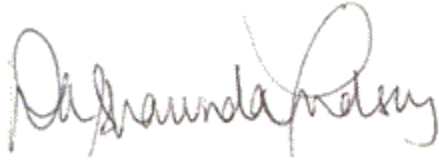
Attached is the Renewal Licensing Study Report for the facility referenced above. The violations cited in the report require the submission of a written corrective action plan. The corrective action plan is due 15 days from the date of this letter and must include the following:

- 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.

A six-month provisional license is recommended. If you do not contest the issuance of a provisional license, you must indicate so in writing; this may be included in your corrective action plan or in a separate document. If you contest the issuance of a provisional license, you must notify this office in writing and an administrative hearing will be scheduled. Even if you contest the issuance of a provisional license, you must still submit an acceptable corrective action plan within 15 days.

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, appearing to read "DaShawnda Lindsey". The signature is fluid and cursive, with the first name "DaShawnda" being more prominent than the last name "Lindsey".

DaShawnda Lindsey, Licensing Consultant
Bureau of Community and Health Systems
4th Floor, Suite 4B
51111 Woodward Avenue
Pontiac, MI 48342
(248) 505-8036

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

I. IDENTIFYING INFORMATION

License #:	AL630295441
Licensee Name:	JP Managed Services, Inc.
Licensee Address:	Suite 3 2710 Rochester Road Rochester Hills, MI 48307
Licensee Telephone #:	(248) 853-9097
Licensee/Licensee Designee:	Gagandeep Mann
Administrator:	Susan Carroll
Name of Facility:	Sun Valley Senior Living
Facility Address:	2316 John R Troy, MI 48084
Facility Telephone #:	(248) 689-7755
Original Issuance Date:	09/13/2010
Capacity:	20
Program Type:	AGED ALZHEIMERS

II. METHODS OF INSPECTION

Date of On-site Inspection(s): 05/06/2021

Date of Bureau of Fire Services Inspection if applicable: 06/12/2020

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 1

No. of residents interviewed and/or observed 7

No. of others interviewed 1 Role: Administrator

- 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.
The inspection did not occur during a meal time.
- 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:
Renewal 2019- al204(3)(b)(c), al312(4)(a), al403(1), al403(5) 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:	
R 400.15203	Licensee and administrator training requirements.
	<p>(1) A licensee and an administrator shall complete the following educational requirements specified in subdivision (a) or (b) of this subrule, or a combination thereof, on an annual basis:</p> <p>(a) Participate in, and successfully complete, 16 hours of training designated or approved by the department that is relevant to the licensee's admission policy and program statement.</p>
There was no verification licensee Gagandeep Mann or administrator Susan Carroll completed at least 16 hours of training in 2019 and 2020.	
R 400.15204	Direct care staff; qualifications and training.
	<p>(3) A licensee or administrator shall provide in-service training or make training available through other sources to direct care staff. Direct care staff shall be competent before performing assigned tasks, which shall include being competent in all of the following areas:</p> <p>(b) First aid.</p> <p>(c) Cardiopulmonary resuscitation.</p> <p>(d) Personal care, supervision, and protection.</p>
Staff Hilary Shattuck completed First Aid and CPR certification on 10/30/2014. There was no verification that staff Desirae Peters completed First Aid and CPR certification as well as personal care, supervision, and protection training.	
REPEAT VIOLATION. LSR 05/09/2019. CAP 05/09/2019	
R 400.15205	Health of a licensee, direct care staff, administrator, other employees, those volunteers under the direction of the licensee, and members of the household.
	(4) A licensee shall provide the department with written evidence that he or she and the administrator have been tested for communicable tuberculosis and that if the disease is present, appropriate precautions shall be taken. The results of subsequent testing shall be verified every 3 years thereafter.

There was no verification that licensee designee Gagandeep Mann was test for TB within the last 3-year period.	
R 400.15301	Resident admission criteria; resident assessment plan; emergency admission; resident care agreement; physician's instructions; health care appraisal.
	(10) At the time of the resident's admission to the home, a licensee shall require that the resident or the resident's designated representative provide a written health care appraisal that is completed within the 90-day period before the resident's admission to the home. A written health care appraisal shall be completed at least annually. If a written health care appraisal is not available at the time of an emergency admission, a licensee shall require that the appraisal be obtained not later than 30 days after admission. A department health care appraisal form shall be used unless prior authorization for a substitute form has been granted, in writing, by the department.
<p>A health care appraisal was completed for Resident A on 02/27/2020 and 08/01/2018. There was no verification an appraisal was completed in 2019 or 2021.</p> <p>A health care appraisal was completed for Resident B on 12/19/2021. There was no verification an appraisal was completed in 2020.</p> <p>A health care appraisal was completed for Resident C on 04/21/2021 and 06/14/2019. There was no verification an appraisal was completed in 2020.</p>	
R 400.15301	Resident admission criteria; resident assessment plan; emergency admission; resident care agreement; physician's instructions; health care appraisal.
	(4) At the time of admission, and at least annually, a written assessment plan shall be completed with the resident or the resident's designated representative, the responsible agency, if applicable, and the licensee. A licensee shall maintain a copy of the resident's written assessment plan on file in the home.
<p>Resident A's assessment plan was completed on 08/04/2019 and 08/14/2018. There was no verification a plan was completed in 2020.</p> <p>Resident B's assessment plan was last completed in January 2020. There was no verification a plan was completed in 2021.</p>	

<p>Resident C's assessment plan was completed on 06/06/2019. There was no verification a plan was completed in 2020.</p> <p>Resident D's assessment plan was completed on 10/23/2020, but the plan was not signed by Resident D's guardian.</p>	
R 400.15301	Resident admission criteria; resident assessment plan; emergency admission; resident care agreement; physician's instructions; health care appraisal.
	(9) A licensee shall review the written resident care agreement with the resident or the resident's designated representative and responsible agency, if applicable, at least annually or more often if necessary.
<p>A resident care agreement was completed for Resident A on 07/17/2019 and 08/04/2018. There was no verification an agreement was completed in 2020.</p> <p>A resident care agreement was completed for Resident B in January 2020. There was no verification an agreement was completed in 2021.</p> <p>A resident care agreement was completed for Resident C on 06/06/2019. There was no verification an agreement was completed in 2020.</p> <p>A resident care agreement was completed for Resident D on 10/23/2020, but it was not signed by Resident D's guardian.</p>	
R 400.15306	Use of assistive devices.
	(2) An assistive device shall be specified in a resident's written assessment plan and agreed upon by the resident or the resident's designated representative and the licensee.
<p>Resident B and Resident C have a hospital bed with bed rails, but this is not documented in the residents' assessment plans.</p>	
R 400.15306	Use of assistive devices.
	(3) Therapeutic supports shall be authorized, in writing, by a licensed physician. The authorization shall state the reason for the therapeutic support and the term of the authorization.
<p>Resident B and Resident C have a hospital bed with bed rails, but there was not a written authorization or prescription for use.</p>	
R 400.15310	Resident health care.

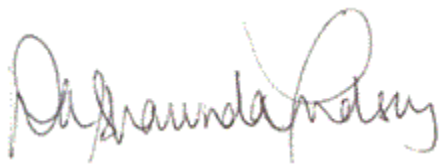
	(3) A licensee shall record the weight of a resident upon admission and monthly thereafter. Weight records shall be kept on file for 2 years.
Resident A and Resident B were not weighed in January 2020 or February 2020. Resident C was not weighed in February 2020. Administrator Susan Carroll stated the scale was broken during that period. Resident B was also not weighed in January 2021. Per the weight chart, Resident B was not in the facility on 01/05/2021.	
R 400.15312	Resident medications.
	(1) Prescription medication, including dietary supplements, or individual special medical procedures shall be given, taken, or applied only as prescribed by a licensed physician or dentist. Prescription medication shall be kept in the original pharmacy-supplied container, which shall be labeled for the specified resident in accordance with the requirements of Act No. 368 of the Public Acts of 1978, as amended, being {333.1101 et seq. of the Michigan Compiled Laws, kept with the equipment to administer it in a locked cabinet or drawer, and refrigerated if required.
Resident D is prescribed Docusate Sodium 100mg twice daily (at 8am and 5pm). I observed the bubble pack for the morning medication, but I did not observe the bubble pack for the evening medication. Per Ms. Carroll, staff administers Resident D's evening medication from the facility's stock.	
R 400.15312	Resident medications.
	(4)(a) Be trained in the proper handling and administration of medication.
There was no verification staff Hilary Shattuck completed medication administration training.	
REPEAT VIOLATION. LSR 05/09/2019. CAP 05/09/2019	
R 400.15312	Resident medications.
	(4)(c) Record the reason for each administration of medication that is prescribed on an as needed basis.
Staff administered PRN Narco 10mg/325mg twice to Resident D one day in May 2021. However, the time for administration was not documented one of those times.	

R 400.15315	Handling of resident funds and valuables.
	(3) A licensee shall have a resident's funds and valuables transaction form completed and on file for each resident. A department form shall be used unless prior authorization for a substitute form has been granted, in writing, by the department.
There was no verification that a Resident Funds Part 1 completed for Resident D.	
R 400.15316	Resident records.
	(1) A licensee shall complete, and maintain in the home, a separate record for each resident and shall provide record information as required by the department. A resident record shall include, at a minimum, all of the following information: (a) Identifying information, including, at a minimum, all of the following: (viii) Funeral provisions and preferences. (ix) Resident's religious preference information.
There was no burial provision listed for Resident B, Resident C or Resident D on their information and identification forms. Resident B's and D's religion preference was also not documented.	
R 400.15318	Emergency preparedness; evacuation plan; emergency transportation.
	(5) A licensee shall practice emergency and evacuation procedures during daytime, evening, and sleeping hours at least once per quarter. A record of the practices shall be maintained and be available for department review.
There was no verification that a fire drill was completed during daytime hours in the 2 nd and 3 rd quarter of 2019.	
R 400.15402	Food service.
	(3) All perishable food shall be stored at temperatures that will protect against spoilage. All potentially hazardous food shall be kept at safe temperatures. This means that all cold foods are to be kept cold, 40 degrees Fahrenheit or below, and that all hot foods are to be kept hot, 140 degrees Fahrenheit or above, except during periods that are necessary for preparation and service. Refrigerators and freezers shall be equipped with approved thermometers.

There was not a working thermometer in refrigerator in the kitchen.	
R 400.15403	Maintenance of premises.
	(1) A home shall be constructed, arranged, and maintained to provide adequately for the health, safety, and well-being of occupants.
<ul style="list-style-type: none"> • One of the faucets in the kitchen was broken and need to be repaired. • The blinds in Bedroom # 4 and 17 were damaged. • There was not a toilet seat in the bathroom connected to Bedroom # 1 and 3. • The door to Bedroom # 1 did not open properly and need to be repaired. • Bedroom # 6 and 7 are used as storage. There are wheelchair(s), stand(s), table(s), etc. that need to be removed prior to moving a resident into them. <p>REPEAT VIOLATION. LSR 05/09/2019. CAP 05/09/2019</p>	
R 400.15403	Maintenance of premises.
	(5) Floors, walls, and ceilings shall be finished so as to be easily cleanable and shall be kept clean and in good repair.
<ul style="list-style-type: none"> • The carpet needs to be laid in Bedroom # 6 • The walls in Bedroom # 3, 5, 19 need to be repaired and/or painted. • The area around the vanity in the bathroom of Bedroom # 8 need to be repaired and/or painted. • The hallway walls need to be repaired and/or painted. • The hallway flooring (wood) is wearing. It looks like there is white paint droppings on it. <p>REPEAT VIOLATION. LSR 05/09/2019. CAP 05/09/2019</p>	

IV. RECOMMENDATION

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



05/11/2021

Date

Licensing Consultant