



STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

GRETCHEN WHITMER  
GOVERNOR

ORLENE HAWKS  
DIRECTOR

Kelly Hardy  
Brighton Gardens of Northville  
7902 Westpark Dr  
McLean, VA 22102

June 2, 2021

RE: Application #: AH820408530  
Brighton Gardens of Northville  
15870 N Haggerty Rd  
Plymouth, MI 48170

Dear Mrs. Hardy:

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 licensee 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  
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  
LICENSING STUDY REPORT**

**I. IDENTIFYING INFORMATION**

<b>Enrollee #:</b>	AH820408530
<b>Applicant Name:</b>	SJV 2 Northville OpCo LLC
<b>Applicant Address:</b>	15th Floor 250 Vesey St New York, NY 10281
<b>Applicant Telephone #:</b>	(703) 273-7500
<b>Authorized Representative/ Administrator:</b>	Kelly Hardy
<b>Name of Facility:</b>	Brighton Gardens of Northville
<b>Facility Address:</b>	15870 N Haggerty Rd Plymouth, MI 48170
<b>Facility Telephone #:</b>	(734) 420-7917
<b>Application Date:</b>	05/06/2021
<b>Capacity:</b>	120
<b>Program Type:</b>	ALZHEIMERS AGED

## II. METHODOLOGY

05/06/2021	Enrollment
05/06/2021	Application Incomplete Letter Sent
07/08/2020	Inspection Completed-Fire Safety : C Temporary until 9/8/20 per Michael Pool BFS inspector
08/12/2020	Inspection Completed-Fire Safety : A
09/09/2020	Inspection Completed-Fire Safety : A
05/13/2021	Contact - Document Received No resident funds held & generator meets compliance letters.
05/25/2021	Inspection Completed On-site
06/02/2021	Exit Conference – Conducted with licensee authorized representative Kelly Hardy 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 are also 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 two 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 9/9/20, Michael Pool 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 continuously licensed home for the aged since 2000. On 5/6/21, SJV 2 Northville OpCo LLC submitted application 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 SJV 2 Northville OpCo LLC is a foreign limited liability company with a qualification date of 12/29/2020.

SJV 2 Northville 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, SJV 2 Northville 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.

SJV 2 Northville OpCo LLC does not hold resident funds.

SJV 2 Northville 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 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" cats residing in Reminiscence area and a few parakeets/canaries residing in the assisted living area of the building.

### **C. Rule/Statutory Violations**

#### **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.**

#### **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.**

The home did not always update the resident's service plan when there was a significant change in the resident's care. For example: Resident A was hospitalized on 5/17/21 with suspected pneumonia and urinary tract infection. According to *Progress Notes* from his record, Resident A returned to the facility on 5/20/21 with Oxygen 2 LPM via nasal canula. However, his 10/24/20 service plan was not updated to include this information.

#### **VIOLATION ESTABLISHED**

#### **R 325.1931 Employees; general provisions.**

**(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.**

Administrator Kelly Hardy said the lead care managers are the supervisors of resident care during the shift they work. The facility's schedule identifies two lead care managers each shift. One lead care manager is assigned to the assisted living unit and the other Lead Care Manager is assigned to the memory care unit. Lead care manager A'Nisah Muhammad said the two lead care managers on duty work together as the supervisors of shift. This does not meet compliance with this rule.

#### **VIOLATION ESTABLISHED**

#### **R 325.1931 Employees; general provisions.**

**(5) The home shall have adequate and sufficient staff on duty at all times who are awake, fully dressed, and capable of providing for resident needs consistent with the resident service plans.**

The facility has a call-light system for residents to contact staff when they need assistance for personal matters in accordance with their service plans or for emergency matters. Residents pull a cord or push their personal pendant to alert staff of their need for assistance. A sample view of the facility's call-light log for 5/22 and 5/23/2021 revealed 31 resident calls for assistance took staff longer than 30 minutes to respond. Nineteen calls took between 30 minutes and 59 minutes for staff to respond; five calls took between 60 and 89 minutes to respond; four calls took between 90 and 119 minutes to respond; and three calls for assistance took staff more than 120 minutes to respond. One of these three calls took staff 174 minutes and 21 seconds to respond.

These 31 extended response times revealed the facility does not have sufficient staff on duty capable of timely provision of services for resident needs.

#### **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 medication was not always addressed in the resident's service plan. For example:

Resident A is prescribed Lorazepam 1 tablet every four hours as needed for agitation/restlessness/anxiety. However, Resident A's 10/24/20 service plan read, "Sunrise team member will assist me/administer my medication(s) with my preferred beverage. Resident may keep rescue inhaler at bedside". The service plan did not indicate Resident A has behaviors of agitation/restlessness/anxiety, nor

did it define how he demonstrates these behaviors, nor did it provide any specific care methods for staff to address these agitation/restlessness/anxiety behaviors including the use of this medication.

Similarly, Resident B is prescribed Lorazepam 1 tablet every four hours as needed for anxiety/agitation. Resident B's 5/4/21 service plan read, "Sunrise team member will assist me/administer my medication(s) with my preferred beverage". The service plan did not indicate Resident B has any behaviors of anxiety/agitation, nor how Resident B demonstrates these behaviors, nor did it provide any specific care methods for staff to address this anxiety/agitation behaviors including the use of this medication.

### **VIOLATION ESTABLISHED**

**R 325.1932 Resident medications.**

**(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:**

**(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.**

The home has not always recorded sufficient instructions for "PRN" or "as needed" medications to ensure the medications are administered as ordered.

The home maintains and administers medications to Resident A and Resident B. According to the medication administration record (MAR), Resident A and Resident B are prescribed various medications for the same purpose "as needed" without sufficient instructions clarifying situations and/or parameters as to when to administer one medication or the other.

For examples:

According to the MAR, Resident A has an order for Morphine Sulfate (Concentrate) Solution 5 mg by mouth two times a day "as needed for pain"; Morphine Sulfate 5 mg every 4 hours "as needed for Pain/SOB" [shortness of breath]; and an order for Acetaminophen Suppository as needed for fever or pain. There are no instructions clarifying if/when Resident A would be administered Morphine versus Acetaminophen for pain; whether they are prescribed for different pains or different levels of pain; whether both medications are to be administered together, separately, in tandem, etc. Nor is there any instruction as to whether the two Morphine orders are to be administered together, separately, in tandem, etc.

It is also noted that Resident A's service plan indicates, I currently take Tylenol ES bid prn [twice daily as needed] and Tylenol PM at hs [hours of sleep] for pain management. However, these medications were not listed on Resident A's MAR as having been ordered by his physician.

Resident B has an order for Senna Tablet 8.6 mg one tablet every 24 hours as needed for constipation; an order for Bisacodyl Suppository rectally as needed for constipation and an order for Lactulose Solution 10 gm/15 ml by mouth as needed for constipation. There are no instructions on the orders as to what constitutes "constipation". Resident B's service plan reads, "I am comfortable having a bowel movement every 1-2 weeks". Also, there are no instructions to the physician orders whether to take the Senna, the Bisacodyl and/or the Lactulose Solution medications together, at separate times, in tandem, or for different times during constipation.

The MAR reveals staff administered Lactulose Solution to Resident B on 5/2 and 5/3/21, but staff did not document the reason for having administered it. In addition, there is no documentation to indicate staff administered the Bisacodyl and the Senna medications, both prescribed with the same purpose as the Lactulose Solution.

#### **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.**

The facility's work schedule does not always show the staff who actually worked. The 5/22/21 staff schedule identified the outside agency staff that work shifts only referred to as care manager agency. It does not show identify the staff who actually worked. In addition, Ms. Hardy said the lead care manager is the supervisor of resident care, but the schedule does not show this type of personnel as being the supervisor of resident care.

#### **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.**



The facility did not post prepare and post the menu for regular and therapeutic or special diets for the current week. The facility serves regular, mechanical soft, puree and consistent carbohydrate diets. Menus that were posted included six months of various dates for each day, and none of them corresponded to the current week's dates.

**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.**

The facility's cook Wallace Bannerman was the only individual working in the kitchen. He was unable to provide a record of the meal census and a record of the kind and amount of food used for the preceding three-month period. Mr. Bannerman said another staff is responsible for that and he has been off-duty and it is unknown when he would return to work.

**VIOLATION ESTABLISHED**

**R 325.1976 Kitchen and dietary.**

**(5) The kitchen and dietary area, as well as all food being stored, prepared, served, or transported, shall be protected against potential contamination from dust, flies, insects, vermin, overhead sewer lines, and other sources.**

There were uncovered plates containing omelets and a sandwich laying on top of food containers in refrigerated units. Also, I observed a hand scoop that had been left in a bin of breadcrumbs.

**VIOLATION ESTABLISHED**

**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.**

A counter-top and an under-the-counter refrigerated unit contained prepared food items that appeared to be tuna salad, chicken salad, egg salad and possibly pancake batter. None of these items had been dated and the pitcher of pancake

batter was left uncovered. The cook said he did not know when the food items were prepared, and he was not sure of the identification of some of these items. Therefore, the home did not ensure that the food was safe for human consumption.

**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.**

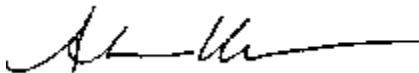
The cook was unable to demonstrate sanitization of multi-use utensils. Mr. Bannerman said a certain kitchen staff is responsible for checking the dishwasher, but that individual has been off-duty and it is unknown when he will return to work. He presented a *Dish Machine Temperature Log* where staff documented the wash and rinse temperatures of the dishwasher at each meal every day, but there had been no documentation of these temperatures since 5/13/21.

**VIOLATION ESTABLISHED**

On 6/02/21, I reviewed the findings of this report with licensee authorized representative Kelly Hardy via telephone.

**IV. RECOMMENDATION**

Contingent upon receipt of an acceptable corrective action plan, issuance of a six-month temporary license is recommended.



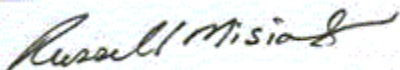
6/1/21

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Andrea Krausmann  
Licensing Staff

Date

Approved By:



6/1/21

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Russell B. Misiak  
Area Manager

Date