GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

ORLENE HAWKS
DIRECTOR

June 8, 2021

Stephen Levy
The Sheridan at Birmingham
2400 E. Lincoln Street
Birmingham, MI 48009

RE: License #: AH630381578
Investigation #: 2021A0585031
The Sheridan at Birmingham

Dear Mr. Levy:

Attached is the Special Investigation Report for the above referenced facility. Due to the violations identified in the report, 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 responsible party and a date.

If you desire technical assistance in addressing these issues, please feel free to contact me. In any event, the corrective action plan is due within 15 days. Failure to submit an acceptable corrective action plan will result in disciplinary action. 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,

Brender L. Howard

Brender Howard, Licensing Staff
Bureau of Community and Health Systems
51111 Woodward Avenue, 4th Floor, Suite 4B
Pontiac, MI 48342
(313) 268-1788
enclosure

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

## I. IDENTIFYING INFORMATION

| | |
|---|---|
| **License #:** | AH630381578 |
| | |
| **Investigation #:** | 2021A0585031 |
| | |
| **Complaint Receipt Date:** | 05/10/2021 |
| | |
| **Investigation Initiation Date:** | 05/13/2021 |
| | |
| **Report Due Date:** | 07/09/2021 |
| | |
| **Licensee Name:** | CA Senior Birmingham Operator, LLC |
| | |
| **Licensee Address:** | Suite 4900<br>161 N. Clark<br>Chicago, IL 60601 |
| | |
| **Licensee Telephone #:** | (312) 673-4387 |
| | |
| **Administrator:** | Julia Giles |
| | |
| **Authorized Representative:** | Stephen Levy |
| | |
| **Name of Facility:** | The Sheridan at Birmingham |
| | |
| **Facility Address:** | 2400 E. Lincoln Street<br>Birmingham, MI 48009 |
| | |
| **Facility Telephone #:** | (248) 940-2050 |
| | |
| **Original Issuance Date:** | 03/29/2018 |
| | |
| **License Status:** | REGULAR |
| | |
| **Effective Date:** | 09/27/2019 |
| | |
| **Expiration Date:** | 09/26/2020 |
| | |
| **Capacity:** | 128 |
| | |
| **Program Type:** | AGED<br>ALZHEIMERS |

## II. ALLEGATION(S)

| | **Violation Established**? |
|---|---|
| The internal paging system has been inoperative for at least 30 days. | No |
| Additional Findings | Yes |

## III. METHODOLOGY

| | |
|---|---|
| 05/10/2021 | Special Investigation Intake<br>2021A0585031 |
| 05/13/2021 | Special Investigation Initiated - Telephone<br>Contacted complainant to discuss allegations. |
| 05/13/2021 | APS Referral<br>Made a referral to Adult Protective Services (APS). |
| 05/18/2021 | Inspection Completed On-site<br>Completed with observation, interview, and record review. |
| 06/09/2021 | Exit Conference<br>Conducted with authorized representative Stephen Levy. |
| | |

**ALLEGATION:**

**The internal paging system has been inoperative for at least the last 30 days.**

**INVESTIGATION:**

The allegations were received via the on-line intake unit. I interviewed the complainant by telephone and made a referral to adult protective services (APS).

The complainant stated that the paging system have not been working for the past 30 days and remains broken and he was told that it will not be repaired until at least 5/13. He stated that he was told that staff will be doing rounds for safety checks but feel that they are not being done timely.

On 5/4/21 during an onsite, Melissa Bell stated that there was a call light issue and they had to take it offline and put it back on. She stated that the company would not come out at that time because of COVID. She stated that it is scheduled to be repaired. She stated that during the time that the call light was not working, staff was told to do frequent monitoring of the residents.

On 5/4/21, during interview with Relative M1, she stated that the call button system never works. She stated that the facility has never had it repaired although they have complained about it. She stated that Resident M pressed the call button, and it took over an hour. She stated that she drove over to the facility because no one responded to the call light. She stated that staff said the problem was that the call light did not work.

On 5/18/21, I interviewed the newly appointed administrator Julie Giles at the facility. She stated that the system was not down, but it had to do an update. She stated that it is now repaired.

On 5/18/21, I interviewed Bernadette Green by telephone. She stated that the system has not been working for a couple of weeks. She stated that staff is told to monitor the residents throughout the shifts.

On 5/8/21, I interviewed dining service director Arthur Szuster at the facility. He stated the system was out last week. He stated that certain areas were not working in the facility. He stated that they test every area of the facility and the system was updated. He stated that the system is fully repaired.

| **APPLICABLE RULE** | |
|---|---|
| **R 325.1979** | **General maintenance and storage.** |
| | **(1) The building, equipment, and furniture shall be kept clean and in good repair.** |
| **ANALYSIS:** | While the paging system was not working properly, the facility had taken steps to provide for its repair. Therefore, the facility is in compliance with this rule. |
| **CONCLUSION:** | **VIOLATION NOT ESTABLISHED** |

**ADDITIONAL FINDINGS**

**INVESTIGATION:**

Ms. Bells stated that staff are to do frequent checks on the residents. She stated that staff was not given the time frame to monitor the residents.

Ms. Giles stated that residents was being monitored when the system was down. She stated that nothing is written to show how often to be monitored but staff are expected to do every two-hour checks.

Ms. Green stated that they are not told how often to monitor the residents, but they know to check on them throughout the day.

The service plan for Resident K read, total level of assistance for emergency and evaluation. Resident is unable to utilize the emergency response system; may have frequent monitoring in place. Resident is a two person assist and requires assistance with evacuation during emergency.

The service plan for Resident L read, monitor resident for wandering behavior inside of caregiver community. Monitor resident for episodes of disorientation.

The service plan for Resident M read, monitor resident for episodes of disorientation.

| **APPLICABLE RULE** | |
|---|---|
| **R 325.1931** | **Employees; general provisions.** |
| | **(2) A home shall treat a resident with dignity and his or her personal needs, including protection and safety, shall be attended to consistent with the resident's service plan.** |
| **For Reference R325.1901** | **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.** |

| | |
|---|---|
| **ANALYSIS:** | A review of resident service plans revealed a lack of required frequency instruction for staff. For instance, staff was told to monitor the residents during the time the call system was down, however staff was not told how often to monitor the residents. The facility did not comply with this rule. |
| **CONCLUSION:** | **VIOLATION ESTABLISHED** |

At the time of the exit of this investigation, Julie Giles was no longer the administrator. The interim administrator is Brandon Wright.

On 6/9/21, I reviewed the findings of this report with licensee authorized representative Stephen Levy via telephone.

## IV. RECOMMENDATION

Contingent upon receipt of an acceptable corrective action plan, it is recommended that the status of the license remain unchanged.

Brender L. Howard 6/9/21

Brender Howard Date
Licensing Staff

Approved By:

Russell Misiak 6/8/21

Russell B. Misiak Date
Area Manager