



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

ORLENE HAWKS
DIRECTOR

July 22, 2021

Lanor Jablonski
Townehall Place of West Bloomfield
4460 Orchard Lake Road
West Bloomfield, MI 48323

RE: License #: AH630378427

Dear Ms. Jablonski:

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. If you fail to submit an acceptable corrective action plan, disciplinary action will result. 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 authorized representative and a date.

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,

A handwritten signature in blue ink, appearing to read "Elizabeth Gregory-Weil".

Elizabeth Gregory-Weil, Licensing Staff
Bureau of Community and Health Systems
4th Floor, Suite 4B
51111 Woodward Avenue
Pontiac, MI 48342
(810) 347-5503

enclosure

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

I. IDENTIFYING INFORMATION

License #:	AH630378427
Licensee Name:	Orchard Lake Senior Care, LLC
Licensee Address:	Suite 1600 1000 Legion Place Orlando, FL 32801
Licensee Telephone #:	(407) 999-2400
Authorized Representative:	Lanor Jablonski
Name of Facility:	Townehall Place of West Bloomfield
Facility Address:	4460 Orchard Lake Road West Bloomfield, MI 48323
Facility Telephone #:	(248) 683-1010
Original Issuance Date:	11/16/2015
Capacity:	75
Program Type:	AGED

II. METHODS OF INSPECTION

Date of On-site Inspection(s): 07/20/2021

Date of Bureau of Fire Services Inspection if applicable: 06/09/2021

Inspection Type: Interview and Observation Worksheet
 Combination

Date of Exit Conference: 07/20/2021

No. of staff interviewed and/or observed 19

No. of residents interviewed and/or observed 24

No. of others interviewed N/A Role

- 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.
- Meal preparation / service observed? Yes No If no, explain.
- Fire drills reviewed? Yes No If no, explain.
The Bureau of Fire Services reviews fire drills, however facility disaster planning procedures were reviewed.
- Water temperatures checked? Yes No If no, explain.
- Incident report follow-up? Yes IR date/s: N/A
- Corrective action plan compliance verified? Yes CAP date/s and rule/s: N/A
- Number of excluded employees followed up? N/A

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

This facility was found to be in non-compliance with the following rules and public health code statutes:	
MCL 333.21321	Bond required. [M.S.A. 14.15(21321)]
	<p>(1) Before issuance of a license under this article, the owner, operator, or governing body of the applicant shall give a bond with a surety approved by the department. The bond shall insure the department for the benefit of the residents. The bond shall be conditioned that the applicant do all of the following:</p> <p>(a) Hold separately and in trust all resident funds deposited with the applicant.</p> <p>(b) Administer the funds on behalf of a resident in the manner directed by the depositor.</p> <p>(c) Render a true and complete account to the resident, the depositor, and the department when requested.</p> <p>(d) Account, on termination of the deposit, for all funds received, expended, and held on hand.</p> <p>(2) The bond shall be in an amount equal to not less than 1-1/4 times the average balance of resident funds held during the prior year. The department may require an additional bond or permit filing of a bond in a lower amount, if the department determines that a change in the average balance has occurred or may occur. An applicant for a new license shall file a bond in an amount which the department estimates as 1-1/4 times the average amount of funds which the applicant, upon issuance of the license, is likely to hold during the first year of operation.</p>
The facility holds resident funds but did not have a surety bond in place.	
MCL 333.21333	Smoking policy. [M.S.A. 14.15(21333)]

	(2)(i) A sign indicating that smoking is prohibited in the facility except in designated areas shall be posted at each entrance to the facility. Each designated smoking area shall be posted as such by sign.
The facility did not have signage indicating smoking was prohibited within the facility.	
R 325.1913	Licenses and permits; general provisions.
	(2) The applicant or the authorized representative shall give written notice to the department within 5 business days of any changes in information as submitted in the application pursuant to which a license, provisional license, or temporary nonrenewable permit has been issued.
The licensee did not provide timely submission of documentation appointing an administrator or authorized representative after the departure of the former appointee Brad Jahner on 6/26/21. While onsite, business office manager Lanor Jablonski provided licensing staff with a BCAL-1603 form, designating herself as authorized representative however the administrator role is still unassigned.	
R 325.1922	Admission and retention of residents.
	(2) The admission policy shall specify all of the following: (d) That the home has developed and implemented a communicable disease policy governing the assessment and baseline screening of residents.
The facility's communicable disease policy did not speak to the assessment and baseline screening procedures for residents.	
R 325.1923	Employee's health.
	(1) A person on duty in the home shall be in good health. The home shall develop and implement a communicable disease policy governing the assessment and baseline screening of employees. A record shall be maintained for each employee, which shall include results of baseline screening for communicable disease. Records of accidents

	or illnesses occurring while on duty that place others at risk shall be maintained in the employee's file.
The facility's communicable disease policy did not speak to the assessment and baseline screening procedures for employees.	
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.
Review of employee files revealed employee Tiffany Harris' tuberculosis screen was not completed within the timeframe outlined in this rule. Ms. Harris was hired on 10/12/2020 however the TB test on file for Ms. Harris was completed on 5/26/20 and read on 5/28/20. Employee Traci Mason was hired on 6/2/21. Ms. Mason's tuberculosis screen was completed on 5/27/21 however she never returned to have her TB results read and the facility allowed her to begin work without verifying any negative TB results.	
R 325.1932	Resident medications.
	(1) Medication shall be given, taken, or applied pursuant to labeling instructions or orders by the prescribing licensed health care professional.

<p>Medication administration records (MAR) for Resident A revealed he is scheduled to receive two doses of the medication Omeprazole daily. Staff documented that Resident A did not receive one or more scheduled doses from 6/19/21-6/24/21. Staff identified the reason for the missed administrations as waiting on pharmacy delivery. Despite not having the medication available in the building from 6/19/21-6/24/21, staff documented the medication was administered to Resident A on the morning of 6/20/21 and the evening of 6/21/21. It is not reasonable to assume that the medication can be administered in-between dates that staff documented the medication was not available. Staff attribute the documented administrations of Omeprazole on 6/20 and 6/21 as an error given that the medication was not available at the facility to administer during that timeframe.</p>	
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>Prescribed medications were observed in Resident B's apartment. Med passing staff reported that Resident B prefers to self-administer his inhaler and nasal spray. Resident B's service plan outlines that he is a "total assist" with medication administration. Additional documentation found in Resident B's medical record reveals a physician assessment that does not authorize Resident B to self-administer medications.</p>	
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.
<p>Resident B's prescribed medications were observed unsecured in his apartment. The door to the apartment was noted to be unlocked and kept open despite Resident B not being inside.</p>	
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 meal census did not list the amount of food used.	
R 325.1976	Kitchen and dietary.
	(7) Perishable foods shall be stored at temperatures which will protect against spoilage.
Recommended refrigeration temperatures should be at 40 degrees Fahrenheit or below. The temperature reading in the refrigerator located in room 216 was 48 degrees Fahrenheit. The temperature reading in the refrigerator located in room 320 was 46 degrees.	
R 325.1976	Kitchen and dietary.
	(8) A reliable thermometer shall be provided for each refrigerator and freezer.
Thermometers were missing in the freezer from resident rooms 105, 208 and missing from the refrigerator in resident room 315.	
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 disaster plan provided onsite did not contain specific procedures for loss of heat and loss of water.	

IV. RECOMMENDATION

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



7/22/21

Elizabeth Gregory-Weil
Licensing Consultant

Date