



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

ORLENE HAWKS
DIRECTOR

July 15, 2021

Jeanette Allen
Balfour Ann Arbor
2840 S Main St
Ann Arbor, MI 48103

RE: License #: AH810401212
Balfour Ann Arbor
2840 S Main St
Ann Arbor, MI 48103

Dear Ms. Allen:

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 authorized representative and a date.

Upon receipt of an acceptable corrective action plan, 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 (517) 284-9730.

Sincerely,

A handwritten signature in cursive script that reads "Jessica Rogers".

Jessica Rogers, Licensing Staff
Bureau of Community and Health Systems
611 W. Ottawa Street
P.O. Box 30664
Lansing, MI 48909
enclosure

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

I. IDENTIFYING INFORMATION

License #:	AH810401212
Licensee Name:	Ann Arbor Senior Living Owner, LLC
Licensee Address:	Ste 3500 1999 Broadway Denver, CO 80202
Licensee Telephone #:	(303) 926-3012
Authorized Representative:	Jeanette Allen
Administrator:	Michael Scully
Name of Facility:	Balfour Ann Arbor
Facility Address:	2840 S Main St Ann Arbor, MI 48103
Facility Telephone #:	(734) 359-3500
Original Issuance Date:	01/17/2020
Capacity:	71
Program Type:	AGED ALZHEIMERS

II. METHODS OF INSPECTION

Date of On-site Inspection(s): 07/14/2021

Date of Bureau of Fire Services Inspection if applicable: 11/6/2020

Inspection Type: Interview and Observation Worksheet
 Combination

Date of Exit Conference: 7/15/21

No. of staff interviewed and/or observed 18

No. of residents interviewed and/or observed 23

No. of others interviewed [redacted] Role Visitors are limited at this time due to COVID-19 pandemic.

- 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. The facility does not hold resident funds.
- Meal preparation / service observed? Yes No If no, explain.
- Fire drills reviewed? Yes No If no, explain.
Bureau of Fire Services reviews fire drills. Disaster plan reviewed and staff interviewed regarding disaster plan.
- Water temperatures checked? Yes No If no, explain.
- Incident report follow-up? Yes IR date/s: 6/26/20 N/A
- Corrective action plan compliance verified? Yes CAP date/s and rule/s: CAP dated 12/7/20 for Renewal LSR dated 11/2/20: R325.1921(b), R325.1922(5), R325.1932(1), R325.1932(2), R325.1932(3)(c), R325.1932(3)(e), R325.1931(7), R325.1944(2), R325.1953(1), R325.1954, R325.1976(8)
- 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:

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:
R325.1901**

Definitions.

(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.

At the time of inspection, two residents had bedside assistive devices called “halo rings.” Maintenance Director Tracy Christian stated she maintains the manufacturing guidelines for proper installation and use of halo rings, as well as measures the devices consecutively for the first five days upon installation, then every 60 days and as needed. I observed Ms. Christian’s bedside assistive device records which were consistent with her statements.

I observed Resident A’s bilateral halo rings with Ms. Christian and Executive Director Michael Scully. Resident A’s bilateral halo rings were not affixed to the device per manufacturer guidelines because Resident A’s bed frame was too wide for the device to attach. Also, the head of Resident A’s bed elevated causing the devices to move and not affix to the bed frame per the manufacturer guidelines. Ms. Christian stated the halo rings were not affixed to the Resident A’s bed per the manufacturer guidelines due to the type of bed frame and movement of the head of the bed. Resident A’s halo devices had a black solid cover that did not cover the entirety of the halo ring. I observed Resident B’s bilateral halo rings were affixed to her hospital bed per manufacturer guidelines however lacked manufacturer approved protective covers.

Service plans for both residents omit or lack sufficient information for specific care and maintenance of the halo rings. Although the service plans state the purpose of the device, the plans lack specific use, care and maintenance including a means for the resident to summon staff, methods for on-going monitoring of the resident, methods of monitoring the equipment by trained staff for maintenance of the device and for monitoring measurements of gaps to protect the resident from the possibility of physical harm related to entrapment, entanglement, strangulation, etc.

I reviewed the facility’s Bedside Assistive Device Policy and staff training. Given the observations listed above and the lack of an organized plan the facility has not provided reasonable protective measures to ensure resident well-being and safety during the use of a bedside assistive device

REPEAT VIOLATION ESTABLISHED. For reference, see Renewal Licensing Study Report dated 11/2/20.

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.

At the time of inspection, Mr. Scully stated resident's service plans were not reviewed with the resident and/or resident's authorized representative when updated or changed. I reviewed four resident service plans which were consistent with Mr. Scully's statements. In addition, Resident C's service plan had not been updated since 7/13/20.

REPEAT VIOLATION ESTABLISHED. For reference, see Renewal Licensing Study Report dated 11/2/20.

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.

At the time of inspection, Mr. Scully stated the facility did not have a TB test on file for facility caregiver Michelle Martin. In addition, Mr. Scully stated Rachel Barnes had initially hired on 11/14/19, resigned on 12/1/19 and re-hired on 6/29/21. Mr. Scully stated the facility used Ms. Barnes' previous TB test from hire date 11/14/19.

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.

Review of Resident A's medication administration record (MAR) revealed the following medications were not initialed as given Amlodipine Besylate on 6/2 and 6/15, Atorvastatin on 6/27, Atrovent inhaler on 6/27, Centrum Silver on 6/27, Paroxetine on 6/2, Spironolactone on 6/2, and Xarelto on 6/27.

Review of Resident B's MARs revealed the following medication were not initialed as given Acetaminophen on 6/30, Atorvastatin on 6/30, Diclofenac cream on 6/30, DOK on 6/30, Eliquis on 6/30, Famotidine on 6/30 and 7/8, Melatonin on 6/30, Senna on 6/30,

Review of Resident C's MARs revealed the following medication were not initialed as given Lorazepam on 6/4, 6/25 and 7/3, Atorvastatin on 7/3, and Gavilax powder on 7/3.

Review of Resident 's D MARs revealed the following medication were not initialed as given Divalproex on 6/4, 6/5, 6/6, 6/7, and 7/8, Risperidone on 6/27, Atorvastatin on 6/30, Escitalopram on 6/30, Ezetimibe on 6/30, Mirtazapine on 6/30, and Trazadone on 6/30.

Facility staff failed to mark any reason for the missed doses and the MARs were left blank, therefore it cannot be confirmed why the medication administration was not completed as scheduled.

R 325.1964 Interiors.

(9) Ventilation shall be provided throughout the facility in the following manner:

(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.

At the time of inspection, the 2nd and 3rd assisted living floors did not have working ventilation in resident bathrooms. Ms. Christian tested resident bathrooms 1204 and 1302, along with additional rooms. Ms. Christian stated someone had been on the roof a week prior that may have turned the ventilation system off. Ms. Christian stated she called someone from the ventilation agency to fix it.

R 325.1979 General maintenance and storage.

(3) Hazardous and toxic materials shall be stored in a safe manner.

At the time of inspection, I observed cleaning products such as hand soap, dish soap, hand wipes, cleaning spray and other cleaning products under the sink in the memory care. Ms. Christian stated the cupboard was supposed to be locked.

On 7/15/2021, I shared the findings of this report with authorized representative Jeanette Allen. Ms. Allen verbalized understanding of the findings.

IV. RECOMMENDATION

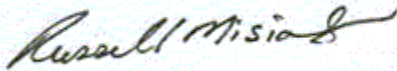
Contingent upon receipt of an acceptable corrective action plan, renewal of the license is recommended.



7/15/21

Date

Licensing Consultant



7/15/21

Date

Russell Misiak
Area Manager