



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

ORLENE HAWKS
DIRECTOR

July 9, 2021

Kristie Nagle
Sunrise Assisted Living of Northville
16100 North Haggerty Road
Plymouth, MI 48170

RE: License #: AH820400126
Sunrise Assisted Living of Northville
16100 North Haggerty Road
Plymouth, MI 48170

Dear Ms. Nagle:

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 #: AH820400126

Licensee Name: SZR Northville Assisted Living Opco, L.L.C.

Licensee Address: Suite 200
500 N. Hurstbourne pkwy
Louisville, KY 40222

Licensee Telephone #: (502) 357-9380

Authorized Representative/Administrator: Kristie Nagle

Name of Facility: Sunrise Assisted Living of Northville

Facility Address: 16100 North Haggerty Road
Plymouth, MI 48170

Facility Telephone #: (734) 420-4000

Original Issuance Date: 01/01/2020

Capacity: 118

Program Type: ALZHEIMERS
AGED

II. METHODS OF INSPECTION

Date of On-site Inspection(s): 07/08/2021

Date of Bureau of Fire Services Inspection if applicable: 09/01/2020

Inspection Type: Interview and Observation Worksheet
 Combination

Date of Exit Conference: 7/8/21

No. of staff interviewed and/or observed 12

No. of residents interviewed and/or observed 22

No. of others interviewed [redacted] Role Visitors are limited 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 plans reviewed and staff interviewed regarding disaster plan.
- 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:
Renewal LSR dated 10/7/20: R325.1931(2), R325.1979(1), R325.1975(15),
R325.1944(2), R325.1976(12), R325.1954, R325.1922(7), R325.1923(2),
R325.1964(2)
- CAP dated 7/8/21 for SIR dated 6/21/21: R325.1931(2)
-
- 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 325.1922 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.

Review of Resident A, B, C, D, and E's services plans revealed a lack of documentation of communication with the resident and/or the resident's authorized representative when updated. Administrator Kristie Nagle stated facility staff communicate to the resident and/or the resident's authorized representative when service plans are updated. Ms. Nagle stated there is a check box required to be marked when plans are updated indicating communication with the resident and/or authorized representative has occurred. Ms. Nagle stated the electronic system does not transcribe the communication onto the service plans. Ms. Nagle reviewed resident's progress notes; however, staff did not consistently document communication to the resident and/or resident's authorized representative when the service plans were updated. Based on this information, the facility did not comply with this rule.

On 7/8/21, I reviewed the findings of this report with licensee authorized representative Kristie Nagle while on-site.

IV. RECOMMENDATION

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

Jessica Rogers

7/9/21

Date

Licensing Consultant

Russell Misiak

7/15/21

Date

Russell Misiak
Area Manager