



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

ORLENE HAWKS  
DIRECTOR

September 10, 2021

Olga Kourdioukova  
Balmoral Living LLC  
112 E 13 Mile Rd  
Royal Oak, MI 48073

RE: License #: AS630393547  
Balmoral Living  
32741 Balmoral Knolls  
Farmington Hills, MI 48334

Dear Mrs. Kourdioukova:

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 licensee or licensee designee or home for the aged authorized representative and a date.

A six-month provisional license is recommended. If you do not contest the issuance of a provisional license, you must indicate so in writing; this may be included in your corrective action plan or in a separate document. If you contest the issuance of a provisional license, you must notify this office in writing and an administrative hearing will be scheduled. Even if you contest the issuance of a provisional license, you must still submit an acceptable corrective action plan within 15 days.

Please contact me with any questions. In the event that I am not available and you need to speak to someone immediately, you may contact the local office at (248) 975-5053.

Sincerely,

A handwritten signature in black ink that reads "Kristen Donnay". The signature is written in a cursive style with a large, looped 'y' at the end.

Kristen Donnay, Licensing Consultant  
Bureau of Community and Health Systems  
4th Floor, Suite 4B  
51111 Woodward Avenue  
Pontiac, MI 48342  
(248) 296-2783

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

**I. IDENTIFYING INFORMATION**

<b>License #:</b>	AS630393547
<b>Licensee Name:</b>	Balmoral Living LLC
<b>Licensee Address:</b>	112 E 13 Mile Rd Royal Oak, MI 48073
<b>Licensee Telephone #:</b>	(248) 217-4473
<b>Licensee Designee:</b>	Olga Kourdioukova
<b>Administrator:</b>	Kristina Kurlyandchik
<b>Name of Facility:</b>	Balmoral Living
<b>Facility Address:</b>	32741 Balmoral Knolls Farmington Hills, MI 48334
<b>Facility Telephone #:</b>	(248) 702-6097
<b>Original Issuance Date:</b>	03/12/2019
<b>Capacity:</b>	6
<b>Program Type:</b>	PHYSICALLY HANDICAPPED AGED ALZHEIMERS

## II. METHODS OF INSPECTION

Date of On-site Inspection(s): 09/09/2021

Date of Bureau of Fire Services Inspection if applicable: N/A

Date of Health Authority Inspection if applicable: N/A

Inspection Type:  Interview and Observation  Worksheet  
 Combination  Full Fire Safety

No. of staff interviewed and/or observed 1  
No. of residents interviewed and/or observed 2  
No. of others interviewed 2 Role: Lic. Desig. & Admin.

- Medication pass / simulated pass observed? Yes  No  If no, explain.
- Medication(s) and medication record(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.  
Inspection did not occur during meal time
- Fire drills reviewed? Yes  No  If no, explain.
- Fire safety equipment and practices observed? Yes  No  If no, explain.
- E-scores reviewed? (Special Certification Only) Yes  No  N/A   
If no, explain.
- Water temperatures checked? Yes  No  If no, explain.
- Incident report follow-up? Yes  No  If no, explain.
- Corrective action plan compliance verified? Yes  CAP date/s and rule/s:  
11/14/19: 204(3); 306(3); 312(1);312(2); 312(4)(b);312(4)(e) N/A
- Number of excluded employees followed-up? N/A
- Variances? Yes  (please explain) No  N/A

### III. DESCRIPTION OF FINDINGS & CONCLUSIONS

This facility was found to be in non-compliance with the following rules:

<b>R 400.14203</b>	<b>Licensee and administrator training requirements.</b>
	<p>(1) A licensee and an administrator shall complete the following educational requirements specified in subdivision (a) or (b) of this subrule, or a combination thereof, on an annual basis:</p> <p>(a) Participate in, and successfully complete, 16 hours of training designated or approved by the department that is relevant to the licensee's admission policy and program statement.</p>

During the period under review, the licensee designee, Olga Kourdioukova, and the administrator, Kristina Kurlyandchik, did not complete 16 hours of training on an annual basis.

<b>R 400.14204</b>	<b>Direct care staff; qualifications and training.</b>
	<p>(3) A licensee or administrator shall provide in-service training or make training available through other sources to direct care staff. Direct care staff shall be competent before performing assigned tasks, which shall include being competent in all of the following areas:</p> <p>(b) First aid.</p> <p>(c) Cardiopulmonary resuscitation.</p>

During the onsite inspection, the employee files for direct care workers, Ala Sachirov and Olha Dorosh, did not contain documentation showing that they were certified in first aid and CPR.

<b>R 400.14205</b>	<b>Health of a licensee, direct care staff, administrator, other employees, those volunteers under the direction of the licensee, and members of the household.</b>
	<p>(3) A licensee shall maintain, in the home, and make available for department review, a statement that is signed by a licensed physician or his or her designee attesting to the knowledge of the physical health of direct care staff, other employees, and members of the household. The statement shall be obtained within 30 days of an individual's employment, assumption of duties, or occupancy in the home.</p>

During the onsite inspection, the employee file for direct care worker, Ala Sachirov, did not contain a physician statement attesting to the knowledge of her physical health. The employee file for direct care worker, Olha Dorosh, did not contain a physician statement that was obtained within 30 days of her employment (start date: 05/08/2021; physician statement dated: 09/08/2021).

<b>R 400.14205</b>	<b>Health of a licensee, direct care staff, administrator, other employees, those volunteers under the direction of the licensee, and members of the household.</b>
	(4) A licensee shall provide the department with written evidence that he or she and the administrator have been tested for communicable tuberculosis and that if the disease is present, appropriate precautions shall be taken. The results of subsequent testing shall be verified every 3 years thereafter.

During the onsite inspection, the licensee designee, Olga Kourdioukova, and the administrator, Kristina Kurlyandchik, did not have verification of TB testing that was completed within the previous three years.

<b>R 400.14205</b>	<b>Health of a licensee, direct care staff, administrator, other employees, those volunteers under the direction of the licensee, and members of the household.</b>
	(5) A licensee shall obtain written evidence, which shall be available for department review, that each direct care staff, other employees, and members of the household have been tested for communicable tuberculosis and that if the disease is present, appropriate precautions shall be taken as required by state law. Current testing shall be obtained before an individual's employment, assumption of duties, or occupancy in the home. The results of subsequent testing shall be verified every 3 years thereafter or more frequently if necessary.

During the onsite inspection, the employee file for direct care worker, Ala Sachirov, did not contain verification of TB testing. The employee file for direct care worker, Olha Dorosh, did not contain TB test results that were obtained before her employment in the home (start date: 05/08/2021; TB test results dated: 09/08/2021).

<b>R 400.14301</b>	<b>Resident admission criteria; resident assessment plan; emergency admission; resident care agreement; physician's instructions; health care appraisal.</b>
	(4) At the time of admission, and at least annually, a written assessment plan shall be completed with the resident or the resident's designated representative, the responsible agency, if

	applicable, and the licensee. A licensee shall maintain a copy of the resident's written assessment plan on file in the home.
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During the onsite inspection, Resident F's file did not include an assessment plan that was updated annually since her admission to the home on 10/15/2019.

<b>R 400.14301</b>	<b>Resident admission criteria; resident assessment plan; emergency admission; resident care agreement; physician's instructions; health care appraisal.</b>
	(6) At the time of a resident's admission, a licensee shall complete a written resident care agreement. A resident care agreement is the document which is established between the resident or the resident's designated representative, the responsible agency, if applicable, and the licensee and which specifies the responsibilities of each party. A resident care agreement shall include all of the following: (b) A description of services to be provided and the fee for the service.

During the onsite inspection, the resident care agreement on file for Resident G did not include the amount of her cost of care payment.

<b>R 400.14301</b>	<b>Resident admission criteria; resident assessment plan; emergency admission; resident care agreement; physician's instructions; health care appraisal.</b>
	(9) A licensee shall review the written resident care agreement with the resident or the resident's designated representative and responsible agency, if applicable, at least annually or more often if necessary.

During the onsite inspection, the resident care agreement on file for Resident F had not been reviewed or updated since her admission to the home on 10/15/2019.

<b>R 400.14305</b>	<b>Resident protection.</b>
	(3) A resident shall be treated with dignity and his or her personal needs, including protection and safety, shall be attended to at all times in accordance with the provisions of the act.

During the onsite inspection, I reviewed the fire drills for the home, which noted that it was taking staff 12-14 minutes to evacuate the two residents from the home. The licensee designee indicated that the residents are both bed-bound, and staff must use a Hoyer lift to evacuate them from the home. An evacuation time of more than

eight minutes falls into the “impractical” category for evacuation capability and does not allow for the protection and safety of the residents.

<b>R 400.14306</b>	<b>Use of assistive devices.</b>
	(2) An assistive device shall be specified in a resident's written assessment plan and agreed upon by the resident or the resident's designated representative and the licensee.

During the onsite inspection, Resident G’s assessment plan did not specify the use of a Hoyer lift or bed rails.

<b>R 400.14311</b>	<b>Investigation and reporting of incidents, accidents, illnesses, absences, and death.</b>
	(1) A licensee shall make a reasonable attempt to contact the resident's designated representative and responsible agency by telephone and shall follow the attempt with a written report to the resident's designated representative, responsible agency, and the adult foster care licensing division within 48 hours of any of the following: (a) The death of a resident. (b) Any accident or illness that requires hospitalization.

During the period under review, the licensee did not submit incident reports to the licensing unit following the death of a resident or following Resident F’s hospitalization on 08/08/21.

<b>R 400.14312</b>	<b>Resident medications.</b>
	(1) Prescription medication, including dietary supplements, or individual special medical procedures shall be given, taken, or applied only as prescribed by a licensed physician or dentist. Prescription medication shall be kept in the original pharmacy-supplied container, which shall be labeled for the specified resident in accordance with the requirements of Act No. 368 of the Public Acts of 1978, as amended, being {333.1101 et seq. of the Michigan Compiled Laws, kept with the equipment to administer it in a locked cabinet or drawer, and refrigerated if required.

During the onsite inspection, I observed Resident G’s prescription Novolog pens were stored in the refrigerator and were not in a locked box.

**REPEAT VIOLATION ESTABLISHED: Renewal Licensing Study Report Dated: 11/04/19; CAP Dated: 11/14/19.**

<b>R 400.14312</b>	<b>Resident medications.</b>
	<p>(4) When a licensee, administrator, or direct care staff member supervises the taking of medication by a resident, he or she shall comply with all of the following provisions:</p> <p>(b) Complete an individual medication log that contains all of the following information:</p> <p>(i) The medication.</p> <p>(ii) The dosage.</p> <p>(iii) Label instructions for use.</p> <p>(iv) Time to be administered.</p> <p>(v) The initials of the person who administers the medication, which shall be entered at the time the medication is given.</p> <p>(vi) A resident's refusal to accept prescribed medication or procedures.</p>

During the onsite inspection, I reviewed the medications and medication administration records (MARs) for Resident F and Resident G and noted the following:

- Resident F was prescribed Vitamin B12 1mg- Take 1 tablet on Monday, Wednesday, and Friday. Staff initialed the September 2021 MAR indicating that the medication was passed every day. Resident F's medications are packaged by the pharmacy in daily bubble packs, so the medications were not passed on Tuesday, Thursday, Saturday, or Sunday, but staff initialed the medication log.
- Staff did not initial Resident F's September 2021 MAR from 09/01/21-09/09/21 for the 8:00am dose of Resident F's Brimonidine 0.2% sol., Dorzolamide 2% sol., or Hydralazine HCL 50mg.
- Staff did not initial Resident F's September 2021 MAR from 09/01/21-09/09/21 for the 12:00pm or 4:00pm dose of Diclofenac 1% topical gel.
- Staff initialed Resident F's August 2021 MAR from 08/08/21-08/11/21 when Resident F was in the hospital. The error was later corrected with white-out, however, it indicates that staff are not initialing the medication log at the time medications are given.
- Resident F was prescribed Latanaprost 0.005% sol- place one drop into both eyes nightly. This medication was not listed on Resident F's medication administration records.
- Resident G's July 2021 MAR was not initialed for the entire month.
- Resident G's August 2021 MAR was not initialed from 08/01/21-08/31/21 for the 8:00am dose of Ammonium Lactate lotion, Magnesium Oxide 400mg, Metformin HCL 850mg.
- Resident G's August 2021 MAR was not initialed from 08/01/21-08/31/21 for the 12:00pm or 4:00pm dose of Novolog Insulin injection.

- Resident G was prescribed Losartan Potassium 50mg- take 1 tab by mouth nightly. This medication was not listed on Resident G's medication administration records.

**REPEAT VIOLATION ESTABLISHED: Renewal Licensing Study Report Dated: 11/04/19; CAP Dated: 11/14/19.**

<b>R 400.14312</b>	<b>Resident medications.</b>
	(4) When a licensee, administrator, or direct care staff member supervises the taking of medication by a resident, he or she shall comply with all of the following provisions: (c) Record the reason for each administration of medication that is prescribed on an as needed basis.

During the onsite inspection, I reviewed Resident F's medication administration records and noted that staff were not documenting a reason for each administration of Resident F's PRN medications for Lactulose 30ml and Zolpidem Tartrate 10mg.

<b>R 400.14312</b>	<b>Resident medications.</b>
	(4) When a licensee, administrator, or direct care staff member supervises the taking of medication by a resident, he or she shall comply with all of the following provisions: (d) Initiate a review process to evaluate a resident's condition if a resident requires the repeated and prolonged use of a medication that is prescribed on an as needed basis. The review process shall include the resident's prescribing physician, the resident or his or her designated representative, and the responsible agency.

During the onsite inspection, I reviewed Resident F's medication administration records and noted that Resident F was receiving her PRN medications for Lactulose 30ml and Zolpidem Tartrate 10mg on a daily basis in August and September 2021. There was no documentation on file showing that a review process was conducted with regards to the repeated and prolonged use of these medications.

<b>R 400.14315</b>	<b>Handling of resident funds and valuables.</b>
	(3) A licensee shall have a resident's funds and valuables transaction form completed and on file for each resident. A department form shall be used unless prior authorization for a substitute form has been granted, in writing, by the department.

During the onsite inspection, Resident F and Resident G's Funds Part II forms were not completed to show cost of care payments that were received. Resident G did not have a Funds Part I form on file.

<b>R 400.14318</b>	<b>Emergency preparedness; evacuation plan; emergency transportation.</b>
	(5) A licensee shall practice emergency and evacuation procedures during daytime, evening, and sleeping hours at least once per quarter. A record of the practices shall be maintained and be available for department review.

During the onsite inspection, I reviewed the fire drills for the home. Staff were only conducting one fire drill each quarter and were not conducting drills during daytime, evening, and sleeping hours each quarter.

#### IV. RECOMMENDATION

Contingent upon receipt of an acceptable corrective action plan, issuance of a provisional license is recommended.

*Kristen Donmay*

09/10/2021

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Date

Licensing Consultant