



STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

GRETCHEN WHITMER
GOVERNOR

ORLENE HAWKS
DIRECTOR

December 3rd, 2021

Sara Dickendeshier
Senior Living Arbor Grove, LLC
7927 Nemco Way, Ste 200
Brighton, MI 48116

RE: License #:	AH290406205 Arbor Grove Assisted Living & Memory Care 1320 Pine Avenue Alma, MI 48801
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Dear Ms. Slebodnik:

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,

Kimberly Horst, Licensing Staff
Bureau of Community and Health Systems
611 W. Ottawa Street
Lansing, MI 48909

enclosure

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

I. IDENTIFYING INFORMATION

License #:	AH290406205
Licensee Name:	Senior Living Arbor Grove, LLC
Licensee Address:	7927 Nemco Way, Ste 200 Brighton, MI 48116
Licensee Telephone #:	(989) 463-3074
Authorized Representative:	Sara Dickendesher
Administrator:	Amanda Warner
Name of Facility:	Arbor Grove Assisted Living & Memory Care
Facility Address:	1320 Pine Avenue Alma, MI 48801
Facility Telephone #:	(989) 463-3074
Original Issuance Date:	06/02/2021
Capacity:	62
Program Type:	ALZHEIMERS AGED

II. METHODS OF INSPECTION

Date of On-site Inspection(s): 11/8/21

Date of Bureau of Fire Services Inspection if applicable: 1/6/21

Inspection Type: Interview and Observation Worksheet
 Combination

Date of Exit Conference: 12/3/21

No. of staff interviewed and/or observed 10

No. of residents interviewed and/or observed 25

No. of others interviewed 0 Role N/A

- 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. Resident funds not kept in trust.
- Meal preparation / service observed? Yes No If no, explain.
- Fire drills reviewed? Yes No If no, explain.
Disaster plans reviewed and staff interviewed.
- 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:
- 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:	
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 C's medication administration record (MAR) revealed Resident C was prescribed Hydroco/Apap Tab 5-325mg tab with instruction to administer one tablet twice daily as needed for pain. In addition, Resident C was prescribed Mapap 325mg tab with instruction to take two tablets by mouth every six hours as needed for pain. There is no instruction for staff to know whether to administer one over the other or if both can be given at the same time. The lack of instruction places residents at an unnecessary risk of harm due to administration based on what the staff feel is appropriate verses what the physician intended.	
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.
Review of Resident A's MAR revealed Resident A was prescribed ABH Gel with instruction to administer topically every six hours as needed for anxiety. Review of Resident A's service plan lacked detailed information on how the resident demonstrates anxiety/agitation and what behaviors require the administration of the medication or if staff can use nonpharmaceutical interventions.	

IV. RECOMMENDATION

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

Kennery Host

11/8/21

Licensing Consultant Date