



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

ORLENE HAWKS
DIRECTOR

December 8, 2021

Richard Goren
Brighton Gardens of Northville
7902 Westpark Dr
McLean, VA 22102

RE: License #: AH820408530
Brighton Gardens of Northville
15870 N Haggerty Rd
Plymouth, MI 48170

Dear Mr. Goren:

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) 241-1970.

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
(517) 285-7433
enclosure

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

I. IDENTIFYING INFORMATION

License #:	AH820408530
Licensee Name:	SJV 2 Northville OpCo LLC
Licensee Address:	15th Floor 250 Vesey St New York, NY 10281
Licensee Telephone #:	(703) 273-7500
Authorized Representative/ Administrator:	Richard Goren
Name of Facility:	Brighton Gardens of Northville
Facility Address:	15870 N Haggerty Rd Plymouth, MI 48170
Facility Telephone #:	(734) 420-7917
Original Issuance Date:	06/18/2021
Capacity:	120
Program Type:	AGED ALZHEIMERS

II. METHODS OF INSPECTION

Date of On-site Inspection(s): 12/07/2021

Date of Bureau of Fire Services Inspection if applicable: 10/8/2021

Inspection Type: Interview and Observation Worksheet
 Combination

Date of Exit Conference: 12/7/21

No. of staff interviewed and/or observed 15

No. of residents interviewed and/or observed 45

No. of others interviewed 1 Role resident family member

- 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. No resident funds held
- 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: N/A
- Corrective action plan compliance verified? Yes CAP date/s and rule/s: CAP dated 6/17/21: R 325.1931(5), R 325.1976 (5), R 325.1796 (6), R 325.1976 (13), R 325.1931(3), R 325.1932 (2), R 325.1932 (3), R 325.1922 (5), R 325.1944 (2), R 325.1954, R 325.1953
- 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 325.1921 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:

R 325.1901 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, five residents had bedside assistive devices called “halo rings.” I observed all five resident’s bedside assistive devices in which two residents had two halo rings affixed to each side of their bed and three residents had one halo ring. I observed all halo ring devices were affixed to resident’s beds per the manufacturer guidelines and had a black solid cover.

Maintenance Director Michael Brazzil stated he maintains the manufacturing guidelines for proper installation and use of halo rings, as well as maintains a record to assess each device monthly. I observed Mr. Brazzi’s bedside assistive device records which were consistent with his statements. Mr. Brazzi stated did not he needed netted or clear covers for the assistive devices and would need to reach out to the durable medical equipment provider to obtain them.

Service plans for Resident A and B omit or lack sufficient information for specific care and maintenance of the halo rings. Although the service plans state there is an assistive device available for use, 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 resident records. The resident records read there were physician orders for all five of the devices.

I reviewed the facility’s Bedside Assistive Device Policy. The policy read the device covers should not obstruct the resident’s view from the bed.

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

R 325.1922

Admission and retention of residents.

(7) An individual admitted to residence in the home shall have evidence of initial tuberculosis screening on record in the home that was performed within 12 months before admission. Initial screening may consist of an intradermal skin test, a blood test, a chest x-ray, or other methods recommended by the public health authority. 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. A 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 have to conduct annual TB testing for residents.

Administrator Richard Goren was unable to provide an annual TB risk assessment for residents since September 2020.

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.

Mr. Goren was unable to provide an annual TB risk assessment for employees since September 2020.

On 12/7/21, I shared the findings of this report with authorized representative Richard Goren. Mr. Goren verbalized understanding of the findings.

IV. RECOMMENDATION

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



12/13/21

Licensing Consultant

Date