



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

ORLENE HAWKS
DIRECTOR

December 19, 2021

Rhonda Hendrickson
University Living
Suite 300
One Town Center Rd
Boca Raton, FL 33486

RE: License #: AH810401699
University Living
2865 S. Main Street
Ann Arbor, MI 48103

Dear Ms. Hendrickson:

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) 241-1970
enclosure

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

I. IDENTIFYING INFORMATION

| | |
|-----------------------------------|---|
| License #: | AH810401699 |
| Licensee Name: | Ann Arbor Senior Housing OPCO, LLC |
| Licensee Address: | Ste 310 One Town Center Rd Boca Raton, FL 33486 |
| Licensee Telephone #: | (734) 665-2819 |
| Authorized Representative: | Rhonda Hendrickson |
| Administrator: | Kelly Hardy |
| Name of Facility: | University Living |
| Facility Address: | 2865 S. Main Street Ann Arbor, MI 48103 |
| Facility Telephone #: | (734) 665-2819 |
| Original Issuance Date: | 05/26/2021 |
| Capacity: | 90 |
| Program Type: | ALZHEIMERS AGED |

II. METHODS OF INSPECTION

Date of On-site Inspection(s): 12/16/2021

Date of Bureau of Fire Services Inspection if applicable: 6/3/21, C rating

Inspection Type: Interview and Observation Worksheet
 Combination

Date of Exit Conference: 12/20/21

No. of staff interviewed and/or observed 15

No. of residents interviewed and/or observed 28

No. of others interviewed 1 Role Occupational Therapist

- 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 8/5/21 for SIR 2021A1019038: R 325.1931(2), CAP dated 8/24/21 for SIR 2021A1019046: R 325.1954, R 325.1953, R 325.1976(13), R 325.1976(6), CAP dated 11/16/21 for SIR 2021A0784052: R 325.1921(1), R 325.1931(2), R 325.1932(1), R 325.1921(1), R 325.1944(1), R 325.1924(3), CAP dated 12/2/21 to SIR 2022A1027002: R 325.1923(2), CAP dated 12/2/21 to SIR 2022A1027005: R 325.1921(1)
- 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 325.1923

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.

Facility nurse Sally (Luna) Delgado stated the facility did not have initial TB screenings for employees Hayem Kasham and Danielle Evans.

REPEAT VIOLATION ESTABLISHED. For reference, see Special Investigation Report dated 11/1/21.

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 records (MAR) revealed the following medications were not initialed as given or completed Lidocaine patch 5% taken off at 8:00 PM 11/30, 12/8 through 12/15, Meloxicam 8:00 PM dose 11/30, 12/8 through 12/15, Mepilx dressing 12/15, Miconazorb AF 8:00 AM 12/1, 8:00 PM doses for the following dates 11/30, 12/1, 12/8, 12/10 through 12/15, Silver Sulfadiazine 12/15, Atorvastatin 11/30, 12/8, 12/10 through 12/15, Methotrexate 12/10, Mirtazapine 11/30, 12/8, 12/10 through 12/15, Polyethylene glycol 12/1, and Venlafaxine 8:00 PM 11/30.

Review of Resident B's MARs revealed the following medications were not initialed as given Quetiapine 11/28 and 11/30 at 10:00 PM, Metoprolol 11/30 and 12/1 at 8:00 PM, Lorazepam 11/30, all medications from 12/7 through 12/15 which read the medications were "not in cart" on 12/10, 12/12, 12/13, 12/14 and 12/15.

Review of Resident C's MARs revealed the following medications were not initialed as given Atrovastatin 11/30, 12/8, 12/11 and 12/14, Gabapentin 11/30, 12/8, 12/11, 12/14, Quetiapine 11/30, 12/8, 12/11, 12/14, Ascorbic Acid 12/15, Glipizide 12/15, Cholecalciferol 12/15, Fluticasone 12/15, Januvia 12/15, and Vitamin B Complex 12/15.

Review of Resident D's MARs revealed the following medications were not initialed as given Metoprolol 11/30 9:00 PM, 12/1 7:00 AM and 9:00 PM, 12/2 7:00 AM, 12/5 2:00 PM, Quetiapine 11/30, 12/1, 12/10, 12/11, 12/14, Metoprolol 12/10 2:00 PM and 9:00 PM, 12/11 9:00 PM, 12/14 9:00 PM, 12/15 9:00 PM, 12/10 at 8:00 PM, 12/11 at 8:00 PM, 12/13 8:00 AM, Lorazepam 12/8, 12/10, 12/11 and to keep area around occipital laceration clean and dry for 7-10 days every shift on 12/1 and 12/2 on second and third shifts, then 12/3, 12/4, 12/5 all shifts.

Review of Resident E's MARs revealed the following medications were not initialed as given Ropinirole 11/30 and 12/1 10:00 PM, Diclofenac 11/30 and 12/1 8:00 PM, 12/8 8:00 AM and 8:00 PM, 12/9 9:00 PM, 12/10 9:00 PM, 12/11 9:00 PM, 12/14 9:00 PM, 12/15 8:00 AM and 8:00 PM, Dorzolamide drops 11/30 and 12/1 8:00 PM, 12/8 8:00 AM and 8:00 PM, 12/9 8:00 PM, 12/10 8:00 PM, 12/11 8:00 PM, 12/14 8:00 PM, 12/15 8:00 AM and 8:00 PM, Duloxetine 12/8, 12/15, Ketoconazole cream 11/30 and 12/1 8:00 PM, 12/8 8:00 AM and 8:00 PM, 12/9 8:00 PM, 12/10 8:00 PM, 12/11 8:00 PM, 12/14 8:00 PM, 12/15 8:00 AM and 8:00 PM, Morphine 11/30 and 12/1 8:00 PM, 12/8, 12/9 8:00 PM, 12/10 8:00 PM, 12/11 8:00 PM, 12/14 8:00 PM, 12/15 8:00 AM, Symbicort 11/30 and 12/1 8:00 PM, 12/8, 12/9 8:00 PM, 12/10 8:00 PM, 12/11 8:00 PM, 12/14 8:00 PM, 12/5, Triamcinolone Acetonide cream 11/30 and 12/1 8:00 PM, Atorvastatin 11/30, 12/1, Ropinirole 12/8 2:00 PM and 10:00 PM, 12/9 10:00 PM, 12/10 10:00 PM, 12/11 10:00 PM, 12/14 10:00 PM, 12/15 2:00 PM, Ascorbic Acid 12/8, 12/15, Cholecaliferol 12/15, Ferrous Sulfate 12/8, 12/15, and Multivitamin 12/8 and 12/15.

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.

REPEAT VIOLATION ESTABLISHED. For reference, see Special Investigation Report dated 11/4/21.

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.

The giving, taking, or applying of prescription medications was not always addressed in the resident's service plan.

For example: The medication administration record (MAR) read Resident B was prescribed Lorazepam 0.5 mg every six hours as needed for anxiety and Quetiapine 50 mg every eight hours as needed for agitation. Resident C's MAR read he was prescribed Quetiapine 25 mg every day as needed for severe anxiety or agitation. Resident D's MAR read she was prescribed Haloperidol Lactate 2 mg/mL every four hours as needed for severe agitation and Lorazepam 0.5 mg every six hours as needed for agitation. Resident B, C, and D's service plans did not include any specific care and services methodology for staff to address the behaviors including non-medicinal interventions and the use of each medication.

VIOLATION ESTABLISHED

R 325.1932(3) Resident Medications.

(3) If a home or the home's administrator or direct care staff member supervises the taking of medication by a resident, then the home shall comply with all of the following provisions:

(e) Adjust or modify a resident's prescription medication with instructions from a prescribing licensed health care professional who has knowledge of the medical needs of the resident. A home shall record, in writing, any instructions regarding a resident's prescription medication.

The prescribed "PRN" or "as needed" medications lacked sufficient instructions to ensure the medications were administered as ordered. For instance, as resident was prescribed various medication for the same purpose without sufficient instructions clarifying situations and/or parameters as to when to administer one medication or the other.

For example: According to the MAR, Resident D has an order for Acetaminophen "as needed for pain" and an order for Ibuprofen "as needed for pain." There were no instructions clarifying if/when Acetaminophen would be administered versus Ibuprofen for pain; whether both medications are to be administered together, separately, in tandem, etc.

Additionally, Resident D's MAR read she was prescribed Quetiapine 50 mg every eight hours for agitation, Quetiapine 25 mg daily, Quetiapine 50 mg at bedtime, Quetiapine 50 mg every six hours as needed for agitation, Lorazepam 0.5 mg at bedtime, Lorazepam 0.5 mg every six hours as needed for agitation and Haloperidol 1 mg every four hours as needed for agitation. There were no instructions clarifying if/when the as needed medications Quetiapine would be administered versus

Lorazepam or Haloperidol; does not have instructions to clarify time parameters the “as needed” medications may be given or whether the medications are to be administered together, separately, in tandem, etc.

VIOLATION ESTABLISHED

R 325.1954 Meal and food records.

The home shall maintain a record of the meal census, to include residents, personnel, and visitors, and a record of the kind and amount of food used for the preceding 3-month period.

The meal census was not marked as completed. For example, the meal census was left blank on 11/23/21, 11/24, 11/25, 11/27, 12/7, 12/8, 12/9. Additionally, the meal census did not record the kind and amount of food used.

REPEAT VIOLATION ESTABLISHED. For reference, see Special Investigation Report dated 8/10/21.

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.

The vents were not working in resident rooms 30, 141, and 244. Additionally, the vents were not working in the back first and second floor soiled linen closets. The first-floor front soiled linen and trash closet did not have a vent.

VIOLATION ESTABLISHED

On 12/20/21, I shared the findings of this report with authorized representative Rhonda Hendrickson. Ms. Hendrickson verbalized understanding of the findings.

IV. RECOMMENDATION

Contingent upon receipt of an acceptable corrective action plan and annual fire safety certification, renewal of the license is recommended.

Jessica Rogers

12/20/21

Licensing Consultant

Date