

GRETCHEN WHITMER
GOVERNOR

# STATE OF MICHIGAN DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS LANSING

ORLENE HAWKS DIRECTOR

December 17, 2021

Nathan Boyle ARHC ARCLRMI01 TRS, LLC 106 York Road Jenkintown, PA 19046

RE: License #: AL630365575

Addington Place of Clarkston 1 5900 Water Tower Pl

Clarkston, MI 48346

Dear Mr. Boyle:

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.

Upon receipt of an acceptable corrective plan, a regular license will be issued. If you fail to submit an acceptable corrective action plan, disciplinary action will result.

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,

Cindy Berry, Licensing Consultant Bureau of Community and Health Systems 4th Floor, Suite 4B 51111 Woodward Avenue Pontiac, MI 48342 (248) 860-4475

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

#### I. IDENTIFYING INFORMATION

**License #:** AL630365575

Licensee Name: ARHC ARCLRMI01 TRS, LLC

**Licensee Address:** 106 York Road

Jenkintown, PA 19046

**Licensee Telephone #:** (248) 625-0500

Licensee Designee: Nathan Boyle

Administrator: Nathan Boyle

Name of Facility: Addington Place of Clarkston 1

**Facility Address:** 5900 Water Tower Pl

Clarkston, MI 48346

**Facility Telephone #:** (248) 625-0500

Original Issuance Date: 06/19/2015

Capacity: 20

Program Type: PHYSICALLY HANDICAPPED

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AGED

# **II. METHODS OF INSPECTION**

Date	e of On-site Inspection(s)	12/17/2021	
Date	ate of Bureau of Fire Services Inspection if applicable: 01/21/2021		
Date	Date of Health Authority Inspection if applicable: 12/17/2021		
Inspection Type:		☐ Interview and Observation☐ Combination	⊠ Worksheet □ Full Fire Safety
No. of staff interviewed and/or observed No. of residents interviewed and/or observed No. of others interviewed  0 Role: N/A			2 0
•	Medication pass / simulated pass observed? Yes $\boxtimes$ No $\square$ If no, explain.		
•	Medication(s) and medication record(s) reviewed? Yes $\boxtimes$ No $\square$ If no, explain.		
•	Resident funds and associated documents reviewed for at least one resident? Yes $\boxtimes$ No $\square$ If no, explain.  Meal preparation / service observed? Yes $\square$ No $\boxtimes$ If no, explain.		
•	Fire drills reviewed? Yes ⊠ No □ If no, explain.		
•	Fire safety equipment and practices observed? Yes $\boxtimes$ No $\square$ If no, explain.		
•	E-scores reviewed? (Special Certification Only) Yes \( \subseteq \text{No} \subseteq \text{N/A} \subseteq \text{If no, explain.} \) Water temperatures checked? Yes \( \subseteq \text{No} \subseteq \text{If no, explain.} \)		
•	Incident report follow-up? Yes ⊠ No □ If no, explain.		
•	Corrective action plan compliance verified? Yes ☐ CAP date/s and rule/s: N/A ☒		
•	Number of excluded em	ployees followed-up?	N/A 🖂
•	Variances? Yes ☐ (ple	ase explain) No 🗌 N/A 🔀	

## **III. DESCRIPTION OF FINDINGS & CONCLUSIONS**

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

# R 400.15403 Maintenance of premises.

(1) A home shall be constructed, arranged, and maintained to provide adequately for the health, safety, and well-being of occupants.

I was unable to test the fire alarm system as the fire alarm panel was not working.

## IV. RECOMMENDATION

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

Cindy Berry Date Licensing Consultant