

GRETCHEN WHITMER GOVERNOR

STATE OF MICHIGAN DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS LANSING

ORLENE HAWKS DIRECTOR

February 21, 2022

Andrew Akunne Mary Rose Corporation Unit A 3879 Packard Rd. Ann Arbor, MI 48108

RE: License #: AM820010013

Mary Rose Residence 22293 Sibley Road Brownstown Township, MI 48192

Dear Mr. Akunne:

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 (313) 456-0380.

Sincerely,

Denasha Walker, Licensing Consultant Bureau of Community and Health Systems Cadillac Pl. Ste 9-100 3026 W. Grand Blvd Detroit, MI 48202

(313) 300-9922

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

I. IDENTIFYING INFORMATION

License #: AM820010013

Licensee Name: Mary Rose Corporation

Licensee Address: Unit A

3879 Packard Rd. Ann Arbor, MI 48108

Licensee Telephone #: (313) 479-4652

Licensee/Licensee Designee: Andrew Akunne

Administrator: Andrew Akunne

Name of Facility: Mary Rose Residence

Facility Address: 22293 Sibley Road

Brownstown Township, MI 48192

Facility Telephone #: (734) 479-4652

Original Issuance Date: 12/01/1986

Capacity: 12

Program Type: AGED

ALZHEIMERS

II. METHODS OF INSPECTION

Date of	Date of On-site Inspection(s):			02/14/2022	
Date of Bureau of Fire Services Inspection if applicable:					
Date of Health Authority Inspection if applicable:					
Inspection Type:		☐ Interview and Obs	servation [☑ Worksheet ☑ Full Fire Safety	
No. of staff interviewed and/or observed No. of residents interviewed and/or observed No. of others interviewed 1 Role: Area Manager					
• Med	dication pass / simu	lated pass observed?	Yes 🛛 N	o ☐ If no, explain.	
• Med	Medication(s) and medication record(s) reviewed? Yes $oxed{oxed}$ No $oxed{oxed}$ If no, explain				
Yes	Resident funds and associated documents reviewed for at least one resident? Yes \boxtimes No \square If no, explain. Meal preparation / service observed? Yes \boxtimes No \square If no, explain.				
• Fire	Fire drills reviewed? Yes ⊠ No □ If no, explain.				
• Fire	Fire safety equipment and practices observed? Yes $igtimes$ No $igcup$ If no, explain.				
If no	E-scores reviewed? (Special Certification Only) Yes No N/A If no, explain. Water temperatures checked? Yes No If no, explain.				
• Inci	Incident report follow-up? Yes ⊠ No □ If no, explain.				
CAI	Corrective action plan compliance verified? Yes CAP date/s and rule/s: CAP Dated 02/05/2020 R 400.14403 (2), R 400.14403 (5) N/A Number of excluded employees followed-up? N/A				
• Var	iances? Yes ☐ (pl	ease explain) No	N/A 🖂		

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

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

R 400.14203 Licensee and administrator training requirements.

- (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:
- (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.
- (b) Have completed 6 credit hours at an accredited college or university in an area that is relevant to the licensee's admission policy and program statement as approved by the department.

At the time of inspection Andrew Akunne, licensee failed to successfully complete, 16 hours of training or 6 credit hours at an accredited college or university in an area that is relevant to the licensee's admission policy and program statement as approved by the department.

R 400.14208 Direct care staff and employee records.

- (1) A licensee shall maintain a record for each employee. The record shall contain all of the following employee information:
 - (e) Verification of experience, education, and training.

At the time of inspection, Dallisa Thomas staff file contained a Toolbox training transcript. The licensee does not have a Toolbox training for this facility specifically.

R 400.14310 Resident health care.

(3) A licensee shall record the weight of a resident upon admission and monthly thereafter. Weight records shall be kept on file for 2 years.

At the time of inspection, Resident A's resident file did not contain weights from 8/2020 – 12/2020.

R 400.14318 Emergency preparedness; evacuation plan; emergency transportation.

(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.

At the time of inspection, emergency and evacuation procedures were not conducted during the following:

- Evening hours in the 4th quarter of 2020
- Day hours in the 1st and 4th quarter of 2021.
- During some of the fire drills conducted, the evacuation times were up to five minutes and fifty-two seconds long. These evacuation time frames must be reduced.

R 400.14403 Maintenance of premises.

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

At the time of inspection, the access panel behind the toilet in bathroom #3 was not secured or properly fastened to the wall.

R 400.14403 Maintenance of premises.

(2) Home furnishings and housekeeping standards shall present a comfortable, clean, and orderly appearance.

At the time of inspection:

- The doorknob in bathroom was loose and not in good repair.
- The hall closet and bathroom closet were not equipped with doorknobs.
- The living room didn't have adequate seating to accommodate all residents.

R 400.14407 Bathrooms.

(1) Bathrooms and toilet facilities that do not have windows shall have forced ventilation to the outside. Bathroom windows that are used for ventilation shall open easily.

At the time of inspection, the forced ventilation vent was not operable in bathroom #4.

R 400.14407 Bathrooms.

(3) Bathrooms shall have doors. Only positive-latching, non-locking-against-egress hardware may be used. Hooks and eyes, bolts, bars, and other similar devices shall not be used on bathroom doors.

At the time of inspection, the door was not positive-latching in bathroom #1.

R 400.14408 Bedrooms generally.

(4) Interior doorways of bedrooms that are occupied by residents shall be equipped with a side-hinged, permanently mounted door that is equipped with positive-latching, nonlocking-against-egress hardware.

At the time of inspection, the door was not positive-latching in resident bedroom #7.

R 400.14408 Bedrooms generally.

(7) Bedrooms shall have at least 1 easily openable window.

At the time of inspection, the window was not openable in resident bedroom #2.

IV. RECOMMENDATION

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

Denasha Walker Date Licensing Consultant