



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

ORLENE HAWKS
DIRECTOR

April 13, 2022

Amie Pagano
Suncrest Senior Living, LLC
1134 Chestnut Lane
South Lyon, MI 48178

RE: License #: AS630389499
Suncrest Senior Living
25390 Wixom Rd
Novi, MI 48374

Dear Ms. Pagano:

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.

A six-month provisional license is recommended. If you do not contest the issuance of a provisional license, you must indicate so in writing; this may be included in your corrective action plan or in a separate document. If you contest the issuance of a provisional license, you must notify this office in writing and an administrative hearing will be scheduled. Even if you contest the issuance of a provisional license, you must still submit an acceptable corrective action plan within 15 days.

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,

A handwritten signature in black ink that reads "Frodet Dawisha". The signature is written in a cursive style with a slight slant.

Frodet Dawisha, Licensing Consultant
Bureau of Community and Health Systems
Cadillac Place, Ste 9-100
Detroit, MI 48202
(248) 303-6348

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

I. IDENTIFYING INFORMATION

License #:	AS630389499
Licensee Name:	Suncrest Senior Living, LLC
Licensee Address:	1134 Chestnut Lane South Lyon, MI 48178
Licensee Telephone #:	(124) 820-7537
Administrator/Licensee Designee:	Amie Pagano
Name of Facility:	Suncrest Senior Living
Facility Address:	25390 Wixom Rd Novi, MI 48374
Facility Telephone #:	(248) 207-5378
Original Issuance Date:	10/13/2017
Capacity:	6
Program Type:	ALZHEIMERS AGED

II. METHODS OF INSPECTION

Date of On-site Inspection(s): 04/11/2022

Date of Bureau of Fire Services Inspection if applicable: N/A

Date of Health Authority Inspection if applicable: N/A

Inspection Type: Interview and Observation Worksheet
 Combination Full Fire Safety

No. of staff interviewed and/or observed 2
No. of residents interviewed and/or observed 5
No. of others interviewed 1 Role: licensee

- Medication pass / simulated pass observed? Yes No If no, explain.
- Medication(s) and medication record(s) reviewed? Yes No If no, explain.
- Resident funds and associated documents reviewed for at least one resident? Yes No If no, explain.
- Meal preparation / service observed? Yes No If no, explain.
Meal preparation did not occur during inspection
- Fire drills reviewed? Yes No If no, explain.
Fire drills were not completed according to licensee Amie Pagano in 2021 and 2022
- Fire safety equipment and practices observed? Yes No If no, explain.
- E-scores reviewed? (Special Certification Only) Yes No N/A
If no, explain.
- Water temperatures checked? Yes No If no, explain.
- Incident report follow-up? Yes No If no, explain.
- Corrective action plan compliance verified? Yes CAP date/s and rule/s:
306 (3), 402 (6), 401 (6), 312 (5), 403 (6) N/A
- Number of excluded employees followed-up? N/A
- Variances? Yes (please explain) No N/A

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

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

R 400.14205	Health of a licensee, direct care staff, administrator, other employees, those volunteers under the direction of the licensee, and members of the household.
	(3) A licensee shall maintain, in the home, and make available for department review, a statement that is signed by a licensed physician or his or her designee attesting to the knowledge of the physical health of direct care staff, other employees, and members of the household. The statement shall be obtained within 30 days of an individual's employment, assumption of duties, or occupancy in the home.

During the on-site inspection on 04/11/2022, direct care staff Nicholas Allen (hire date 05/02/2019) and Jasmine Bigelow (hire date 11/22/2021) did not have statements signed by a licensed physician attesting to the knowledge of their physical health within 30 days of their employment.

R 400.14205	Health of a licensee, direct care staff, administrator, other employees, those volunteers under the direction of the licensee, and members of the household.
	(5) A licensee shall obtain written evidence, which shall be available for department review, that each direct care staff, other employees, and members of the household have been tested for communicable tuberculosis and that if the disease is present, appropriate precautions shall be taken as required by state law. Current testing shall be obtained before an individual's employment, assumption of duties, or occupancy in the home. The results of subsequent testing shall be verified every 3 years thereafter or more frequently if necessary.

During the on-site inspection on 04/11/2022, direct care staff Nicholas Allen and Jasmine Bigelow were not tested for communicable tuberculosis prior to their employment and both Mr. Allen and Ms. Bigelow continue to not have their communicable tuberculosis completed.

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: (f) Verification of reference checks.

During the on-site inspection on 04/11/2022, direct care staff Jasmine Bigelow did not have two reference checks completed at the time of her hire date of 11/22/2021.

R 400.14301	Resident admission criteria; resident assessment plan; emergency admission; resident care agreement; physician's instructions; health care appraisal.
	(10) At the time of the resident's admission to the home, a licensee shall require that the resident or the resident's designated representative provide a written health care appraisal that is completed within the 90-day period before the resident's admission to the home. A written health care appraisal shall be completed at least annually. If a written health care appraisal is not available at the time of an emergency admission, a licensee shall require that the appraisal be obtained not later than 30 days after admission. A department health care appraisal form shall be used unless prior authorization for a substitute form has been granted, in writing, by the department.

During the on-site inspection on 04/11/2022, Resident A did not have a health care appraisal completed no later than 30 days of her admission date of 01/15/2022. Licensee designee Amie Pagano, who is also a registered nurse submitted a health care appraisal dated 04/11/2022 that was completed by Ms. Pagano herself.

R 400.14306	Use of assistive devices.
	(3) Therapeutic supports shall be authorized, in writing, by a licensed physician. The authorization shall state the reason for the therapeutic support and the term of the authorization.

During the on-site inspection on 04/11/2022, Resident A's assessment plan stated that Resident A had a hospital bed, bed rails and a shower chair, but there was no authorization in writing by a licensed physician for the reason of using these therapeutic supports in Resident A's records.

REPEAT VIOLATION ESTABLISHED

Reference: LSR dated 06/25/2020, CAP dated 07/17/2020

R 400.14312	Resident medications.
	(2) Medication shall be given, taken, or applied pursuant to label instructions.

During the on-site inspection on 04/11/2022, I reviewed Resident A's medications and medication logs and found the following errors:

- Resident A's **Metoprol Tar Tab 25MG**: take one tab by mouth twice daily was not given at 8PM on 04/06/2022 and at 8AM on 04/10/2022, as the pill was still in the blister pack.
- Resident A's **Januvia Tab 100MG**: take one tablet by mouth daily was not given at 8AM on 04/10/2022, as the pill was still in the blister pack.
- Resident A's **Armour Thyro TAB 60MG**: take one tablet by mouth daily was not given at 8AM on 04/10/2022, as the pill was still in the blister pack.
- Resident A's **Venlafaxine CAP 75MG ER**: take three 75MG capsules by mouth daily at noon was not given on 04/10/2022, as the pill was still in the blister pack.
- Resident A's **Pantoprazole TAB 40MG**: give one tab by mouth each night at bedtime was not given at 8PM on 04/06/2022, as the pill was still in the blister pack.

R 400.14312	Resident medications.
	<p>(4) When a licensee, administrator, or direct care staff member supervises the taking of medication by a resident, he or she shall comply with all of the following provisions:</p> <p style="padding-left: 40px;">(b) Complete an individual medication log that contains all of the following information:</p> <p style="padding-left: 80px;">(iii) Label instructions for use.</p> <p style="padding-left: 80px;">(v) The initials of the person who administers the medication, which shall be entered at the time the medication is given.</p>

During the on-site inspection on 04/11/2022, I reviewed Resident A's medications and medication logs and found the following errors:

- Resident A's **Melatonin 3MG TAB**: take one tab by mouth at bedtime was given on 01/31/2022, but staff did not initial the medication log.
- Resident A's **Metoprol Tar Tab 25MG**: take one tab by mouth twice daily was not given at 8PM on 04/06/2022 and at 8AM on 04/10/2022, but staff initialed the medication log.
- Resident A's **Januvia Tab 100MG**: take one tablet by mouth daily was not given at 8AM on 04/10/2022, but staff initialed the medication log.
- Resident A's **Armour Thyro TAB 60MG**: take one tablet by mouth daily was not given at 8AM on 04/10/2022, but staff initialed the medication log.
- Resident A's **Venlafaxine CAP 75MG ER**: take three 75MG capsules by mouth daily at noon was not given on 04/10/2022, but staff initialed the medication log.
- Resident A's **Pantoprazole TAB 40MG**: give one tab by mouth each night at bedtime was not given at 8PM on 04/06/2022, but staff initialed the medication log.
- Resident A's **Loperamide CAP 25MG**: take one capsule by mouth twice daily had the incorrect label instructions as the medication was modified to an as needed medication, but the label instructions on the medication was not changed/corrected to reflect as needed basis.

R 400.14312	Resident medications.
	<p>(4) When a licensee, administrator, or direct care staff member supervises the taking of medication by a resident, he or she shall comply with all of the following provisions:</p> <p>(f) Contact the appropriate health care professional if a medication error occurs or when a resident refuses prescribed medication or procedures and follow and record the instructions given.</p>

During the on-site inspection on 04/11/2022, I reviewed Resident A's and Resident B's medications and medication logs and found the following errors:

- Resident A's **Metoprol Tar Tab 25MG**: take one tab by mouth twice daily was refused by Resident A at 8AM on 04/03/2022 and at 8PM on 04/01/2022 and 04/02/2022, but staff did not contact Resident A's prescribing physician for instructions.
- Resident A's **Januvia Tab 100MG**: take one tablet by mouth daily was refused at 8AM on 04/03/2022, but staff did not contact Resident A's prescribing physician for instructions.
- Resident A's **Armour Thyro TAB 60MG**: take one tablet by mouth daily was refused at 8AM on 04/03/2022, but staff did not contact Resident A's prescribing physician for instructions.
- Resident A's **Venlafaxine CAP 75MG ER**: take three 75MG capsules by mouth daily at noon was refused on 04/03/2022 and from 04/05/2022-04/09/2022, but staff did not contact Resident A's prescribing physician for instructions.
- Resident A's **Pantoprazole TAB 40MG**: give one tab by mouth each night at bedtime was refused at 8AM on 04/01/2022 and 04/02/2022, but staff did not contact Resident A's prescribing physician for instructions.
- Resident B's **Nystatin Cream 100000**: apply to affected area twice daily was refused at 8AM on 03/25/2022, 03/30/2022 and 03/31/2022 and 8AM and 8PM on 03/28/2022 and 03/29/2022, but staff did not contact Resident B's prescribing physician for instructions.

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.

During the on-site inspection on 04/11/2022, licensee designee Amie Pagano stated that Sunrise Assisted Living had not conducted any emergency and evacuation procedures during daytime, evening, and sleeping hours in 2021 and 2022.

R 400.14401	Environmental health.
	(2) Hot and cold running water that is under pressure shall be provided. A licensee shall maintain the hot water temperature for a resident's use at a range of 105 degrees Fahrenheit to 120 degrees Fahrenheit at the faucet.

During the on-site inspection on 04/11/2022, the hot water temperature was outside the safe range of 105°-120° Fahrenheit in the kitchen (124.7°) and in bathroom #3 (123.6°).

IV. RECOMMENDATION

Contingent upon receipt of an acceptable corrective action plan, issuance of a provisional license is recommended.

Frodet Dawisha

04/13/2022

Frodet Dawisha
Licensing Consultant

Date

Approved by:

Denise Y. Nunn

04/13/2022

Denise Y. Nunn
Area Manager

Date