



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

ORLENE HAWKS
DIRECTOR

May 10, 2022

Allison Morrow
Arden Courts (Livonia)
32500 W. Seven Mile Rd.
Livonia, MI 48152

RE: License #: AH820292968

Dear Ms. Morrow:

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.

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 (248) 975-5053.

Sincerely,

A handwritten signature in blue ink, appearing to read "Elizabeth Gregory-Weil".

Elizabeth Gregory-Weil, Licensing Staff
Bureau of Community and Health Systems
611 W. Ottawa Street
P.O. Box 30664
Lansing, MI 48909
(810) 347-5503

enclosure

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

I. IDENTIFYING INFORMATION

License #:	AH820292968
Licensee Name:	Arden Courts of Livonia MI, LLC
Licensee Address:	32500 W. Seven Mile Rd. Livonia, MI 48152
Licensee Telephone #:	(419) 252-5500
Authorized Representative:	Allison Morrow
Administrator:	Chanda Pantano
Name of Facility:	Arden Courts (Livonia)
Facility Address:	32500 W. Seven Mile Rd. Livonia, MI 48152
Facility Telephone #:	(248) 426-7055
Original Issuance Date:	05/21/2009
Capacity:	60
Program Type:	ALZHEIMERS AGED

II. METHODS OF INSPECTION

Date of On-site Inspection(s): 05/05/2022

Date of Bureau of Fire Services Inspection if applicable: 07/29/2021

Inspection Type: Interview and Observation Worksheet
 Combination

Date of Exit Conference: 05/10/2022

No. of staff interviewed and/or observed 9
No. of residents interviewed and/or observed 19
No. of others interviewed 0 Role

- 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. The facility does not hold resident funds in trust.
- Meal preparation / service observed? Yes No If no, explain.
- Fire drills reviewed? Yes No If no, explain.
The Bureau of Fire Services reviews fire drills, however facility disaster planning procedures were reviewed.
- 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:
- Number of excluded employees followed up? 1 N/A

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

<p>This facility was found to be in non-compliance with the following rules and public health code statute(s):</p>	
<p>MCL 333.20201</p>	<p>Policy describing rights and responsibilities of patients or residents; adoption; posting and distribution; contents; additional requirements; discharging, harassing, retaliating, or discriminating against patient exercising protected right; exercise of rights by patient's representative; informing patient or resident of policy; designation of person to exercise rights and responsibilities; additional patients' rights; definitions.</p>
	<p>(1) A health facility or agency that provides services directly to patients or residents and is licensed under this article shall adopt a policy describing the rights and responsibilities of patients or residents admitted to the health facility or agency. Except for a licensed health maintenance organization, which shall comply with chapter 35 of the insurance code of 1956, 1956 PA 218, MCL 500.3501 to 500.3580, the policy shall be posted at a public place in the health facility or agency and shall be provided to each member of the health facility or agency staff. Patients or residents shall be treated in accordance with the policy.</p>
<p>The facility did not have the resident rights policy posted inside the facility.</p>	
<p>R 325.1922</p>	<p>Admission and retention of residents.</p>
	<p>(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</p>

	<p>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.</p>
<p>Resident A moved into the facility on 3/22/19. Her TB screen was taken the same date and read on 3/30/19. Resident B moved into the facility on 7/24/20 and the TB screen was dated 7/26/20. Resident C moved into the facility on 10/21/20 and the TB screen was dated 10/23/20. None of the TB screens on file for Residents A, B and C were completed prior to admission as this regulation requires.</p>	
<p>R 325.1923</p>	<p>Employee's health.</p>
	<p>(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.</p>
<p>Review of employee files revealed that employee A did not have her TB screen conducted within the timeframe specified in this rule. Employee A was hired on 2/16/22 and her TB screen was completed on 1/24/22. Employee B was hired on 1/24/22 and her TB screen was completed on 3/8/22. Employee C was hired on 2/16/22 and her TB screen was completed on 6/3/21. The facility was unable to produce a TB screen for Employee D, who was hired on 1/24/22</p>	
<p>R 325.1944</p>	<p>Employee records and work schedules.</p>
	<p>(1) A home shall maintain a record for each employee which shall include all of the following: (d) Summary of experience, education, and training.</p>

Employee A's file did not contain any training records. While onsite, the facility was unable to locate any proof of training for Employee A.	
R 325.1976	Kitchen and dietary.
	(13) A multi-use utensil used in food storage, preparation, transport, or serving shall be thoroughly cleaned and sanitized after each use and shall be handled and stored in a manner which will protect it from contamination.
The facility uses a three compartment sink in the commercial kitchen with a chemical solution to sanitize the dishes. The facility was unable to demonstrate how the chemical levels were checked and did not have a log in which the sanitization procedures were recorded.	

IV. RECOMMENDATION

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



05/06/2022

Elizabeth Gregory-Weil
Licensing Consultant

Date