



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

ORLENE HAWKS
DIRECTOR

April 21, 2022

Alina Deac
Briar Hill Assisted Living Inc.
5664 Kenilworth Street
Dearborn, MI 48126

RE: License #: AS630321065
Briar Hill Assisted Living
28225 Briar Hill Street
Farmington Hills, MI 48336

Dear Ms. Deac:

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,

A handwritten signature in cursive script that reads "Frodet Dawisha".

Frodet Dawisha, Licensing Consultant
Bureau of Community and Health Systems
4th Floor, Suite 4B
51111 Woodward Avenue
Pontiac, MI 48342
(248) 303-6348

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

I. IDENTIFYING INFORMATION

License #:	AS630321065
Licensee Name:	Briar Hill Assisted Living Inc.
Licensee Address:	5664 Kenilworth Street Dearborn, MI 48126
Licensee Telephone #:	(313) 574-8299
Administrator/Licensee Designee:	Alina Deac
Name of Facility:	Briar Hill Assisted Living
Facility Address:	28225 Briar Hill Street Farmington Hills, MI 48336
Facility Telephone #:	(248) 987-2354
Original Issuance Date:	03/04/2013
Capacity:	6
Program Type:	ALZHEIMERS AGED

II. METHODS OF INSPECTION

Date of On-site Inspection(s): 04/21/2022

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 6

No. of residents interviewed and/or observed 2

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.
- Fire drills reviewed? Yes No If no, explain.
- 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: 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 400.14103	Licenses; required information; fee; effect of failure to cooperate with inspection or investigation; posting of license; reporting of changes in information.
	(5) An applicant or licensee shall give written notice to the department of any changes in information that was previously submitted in or with an application for a license, including any changes in the household and in personnel-related information, within 5 business days after the change occurs.

During the on-site inspection on 04/21/2022, licensee Alina Deac reported that she, her husband and three children were temporary household members at Briar Hill Assisted Living but did not submit notice to the department within 5 business days after the changed occurred.

R 400.14201	Qualifications of administrator, direct care staff, licensee, and members of the household; provision of names of employee, volunteer, or member of the household on parole or probation or convicted of felony; food service staff.
	(10) All members of the household, employees, and those volunteers who are under the direction of the licensee shall be suitable to assure the welfare of residents.

During the on-site investigation on 04/21/2022, licensee Alina Deac reported that her 18-year-old child was temporarily a household member at Briar Hill Assisted Living; however, a background check was not completed to verify suitability to assure the welfare of the residents.

R 400.14312	Resident medications.
	(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: (b) Complete an individual medication log that contains all of the following information: (v) The initials of the person who administers the medication, which shall be entered at the time the medication is given.

During the on-site inspection on 04/21/2022, I reviewed Resident A's and Resident B's medications and medication logs and found the following errors:

- Resident A's **Multi-Vitamin**: take one tablet daily was given at 8AM on 01/30/2022 and 01/31/2022, but staff did not initial the medication log.
- Resident A's **Senna 170MG 15ML Syrup**: take once daily was given on 01/30/2022 and 01/31/2022, but staff did not initial the medication log.
- Resident B's **Polyeth GLYC POW 3350 NF MiraLAX Powder**: mix one capful (17gm) in 4–8-ounce beverage, then drink by mouth once daily as needed until occasional constipation resolved was given at 8AM on 08/01/2021, 08/03/2021, 08/06/2021 but staff did not initial the medication log.
- Resident B's **Zolpidem TAB 5MG**: one tablet by mouth at bedtime as needed was given at 8PM on 08/01/2021, 08/04/2021, 08/06/2021 but staff did not initial the medication log.
- Resident B's **Mucus Relief TAB 600MG ER Mucinex**: one tablet by mouth twice daily as needed was given at 8PM on 08/01/2021, 08/03/2021, and 08/06/2021 but staff did not initial the medication log.

R 400.14312	Resident medications.
	(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: (c) Record the reason for each administration of medication that is prescribed on an as needed basis.

During the on-site inspection on 04/21/2022, I reviewed Resident A's and Resident B's medications and medication logs and found the following errors:

- Resident A's **Metronidazole 250MG**: apply one tablet topically as needed (odor) crush and add to Solosite and apply after wound cleaned was applied on 03/08/2022, but the reason for this as needed medication was not recorded.
- Resident B's **Polyeth GLYC POW 3350 NF MiraLAX Powder**: mix one capful (17gm) in 4–8-ounce beverage, then drink by mouth once daily as needed until occasional constipation resolved was given at 8AM on 08/01/2021, 08/03/2021, 08/06/2021, 03/02/2022, 03/06/2022, 03/10/2022, 03/14/2022, 03/17/2022, 03/20/2022, 03/23/2022, 03/26/2022, and 03/29/2022 but the reason for this as needed medication was not recorded by staff.
- Resident B's **Zolpidem TAB 5MG**: one tablet by mouth at bedtime as needed was given at 8PM on 08/01/2021, 08/04/2021, 08/06/2021 and at 10PM on 03/01/2022, 03/05/2022, 03/07/2022, 03/10/2022, 03/13/2022, 03/15/2022, 03/17/2022, 03/18/2022, 03/20/2022, 03/22/2022, 03/25/2022, and 03/29/2022 but the reason for this as needed medication was not recorded by staff.
- Resident B's **Mucus Relief TAB 600MG ER Mucinex**: one tablet by mouth twice daily as needed was given at 8PM on 08/01/201, 08/03/2021, and 08/06/2021 but the reason for this as needed medication was not recorded by staff.

R 400.14313	Resident nutrition.
	(4) Menus of regular diets shall be written at least 1 week in advance and posted. Any change or substitution shall be noted and considered as part of the original menu.

During the on-site inspection on 04/21/2022, changes or substitutions were not noted as part of the original menu.

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 04/21/2022, licensee Alina Deac stated she was conducting mock emergency and evacuation procedures during daytime, evening, and sleep hours as the residents were not completely evacuating outside to a designated area away from the home.

R 400.14408	Bedrooms generally.
	(2) A living room, dining room, hallway, or other room that is not ordinarily used for sleeping or a room that contains a required means of egress shall not be used for sleeping purposes by anyone.

During the on-site inspection on 04/21/2022, there was a bedroom in the basement where there is no means of egress. The licensee Alina Deac stated her children sometimes sleep in the basement due to their own home being renovated.

R 400.14505	Smoke detection equipment; location; battery replacement; testing, examination, and maintenance; spacing of detectors mounted on ceilings and walls; installation requirements for new construction, conversions and changes of category.
	(2) Approved heat detectors may be installed in place of smoke detectors in the kitchen or bathroom and in other areas of the home that contain flame- or heat-producing equipment.


During the on-site inspection on 04/21/2022, there was no heat or smoke detector in or near the laundry room.

R 400.14507	Means of egress generally.
	(5) A door that forms a part of a required means of egress shall be not less than 30 inches wide and shall be equipped with positive-latching, non-locking-against-egress hardware.

During the on-site inspection on 04/21/2022, the front entry door and the door leading to the backyard which are both forms of egress were not equipped with positive-latching, non-locking-against-egress hardware.

IV. RECOMMENDATION

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



04/21/2022

Frodet Dawisha
Licensing Consultant

Date