



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

ORLENE HAWKS
DIRECTOR

June 1, 2022

Carla Hicks
Manoogian Manor
15775 Middlebelt Road
Livonia, MI 48154

RE: License #: AH820236836

Dear Ms. Hicks:

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 (517) 284-9730.

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 #:	AH820236836
Licensee Name:	Michigan Home for the Armenian Aged Inc.
Licensee Address:	15775 Middlebelt Rd. Livonia, MI 48154
Licensee Telephone #:	(734) 522-5780
Authorized Representative and Administrator	Carla Hicks
Name of Facility:	Manoogian Manor
Facility Address:	15775 Middlebelt Road Livonia, MI 48154
Facility Telephone #:	(734) 522-5780
Original Issuance Date:	06/01/1999
Capacity:	76
Program Type:	ALZHEIMERS AGED

II. METHODS OF INSPECTION

Date of On-site Inspection(s): 06/01/2022

Date of Bureau of Fire Services Inspection if applicable: 01/11/2022

Inspection Type: Interview and Observation Worksheet
 Combination

Date of Exit Conference: 06/01/2022

No. of staff interviewed and/or observed 15

No. of residents interviewed and/or observed 32

No. of others interviewed N/A 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.
- 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: N/A
- Number of excluded employees followed up? 1 N/A

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

This facility was found to be in non-compliance with the following rules: .	
R 325.1922	Admission and retention of residents.
	(2) The admission policy shall specify all of the following: (d) That the home has developed and implemented a communicable disease policy governing the assessment and baseline screening of residents.
The facility did not provide a communicable disease policy addressing the assessment and screening of residents.	
R 325.1922	Admission and retention of residents.
	(7) An individual admitted to residence in the home shall have evidence of tuberculosis screening on record in the home which consists of an intradermal skin test, chest x-ray, or other methods recommended by the local health authority performed within 12 months before admission.
The facility did not have evidence of an initial TB screen prior to admission for Residents A, B, C D and E.	
R 325.1923	Employee's health.
	(1) A person on duty in the home shall be in good health. The home shall develop and implement a communicable disease policy governing the assessment and baseline screening of employees.
The facility did not provide a communicable disease policy addressing the assessment and screening of employees.	
R 325.1923	Employee's health.

	<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>Employee A was hired to work at the facility on 4/19/2022. The TB screen on file for Employee A was dated 8/21/2021.</p>	
<p>R 325.1932</p>	<p>Resident medications.</p>
	<p>(5) A home shall take reasonable precautions to ensure or assure that prescription medication is not used by a person other than the resident for whom the medication is prescribed.</p>
<p>Two medication carts located in the facility’s medication room had malfunctioning locks and the drawers could be opened despite the carts being “locked”. The medication carts were both inside the medication room that had a lock on the door, however the door was propped open, making the medications accessible to unauthorized persons.</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>
<p>Employee files for Employee’s A and B file did not contain any training records. Employee A worked as a care giver and Employee B worked as a care giver and medication passer.</p>	

R 325.1964	Interiors.
	<p>(9) Ventilation shall be provided throughout the facility in the following manner:</p> <p>(b) Bathing rooms, beauty shops, toilet rooms, soiled linen rooms, janitor closets, and trash holding rooms shall be provided with a minimum of 10 air changes per hour of continuously operated exhaust ventilation that provide discernable air flow into each of these rooms.</p>
<p>Exhaust ventilation was not functioning properly throughout C and D halls, as well as the soiled linen room and beauty salon.</p>	
R 325.1976	Kitchen and dietary.
	<p>(6) Food and drink used in the home shall be clean and wholesome and shall be manufactured, handled, stored, prepared, transported, and served so as to be safe for human consumption.</p>
<p>Perishable food items were observed in the walk in refrigerator and freezer that lacked proper labeling, dating or sealing. The items observed included various breads, meat products and produce.</p>	
R 325.1979	General maintenance and storage.
	<p>(3) Hazardous and toxic materials shall be stored in a safe manner.</p>
<p>Two bottles of cleaning agents were observed hanging on the wall in the C hall shower room.</p>	

IV. RECOMMENDATION

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



06/01/2022

Elizabeth Gregory-Weil
Licensing Consultant

Date