



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

ORLENE HAWKS
DIRECTOR

April 29, 2022

Nanya Litz
Plymouth Inn
230 Huronview Blvd.
Plymouth, MI 48103

RE: License #: AH820400729
Plymouth Inn
205 N. Haggerty
Plymouth, MI 48170

Dear Ms. Litz:

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.

Upon receipt of an acceptable corrective action plan, a regular license will be issued. If you fail to submit an acceptable corrective action plan, disciplinary action will result. 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) 241-1970.

Sincerely,

Jessica Rogers, Licensing Staff
Bureau of Community and Health Systems
611 W. Ottawa Street
P.O. Box 30664
Lansing, MI 48909
(517) 241-1970
enclosure

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

I. IDENTIFYING INFORMATION

License #:	AH820400729
Licensee Name:	WRE Plymouth Holdings, LLC
Licensee Address:	230 Huronview Blvd Ann Arbor, MI 48103
Licensee Telephone #:	(734) 369-2100
Authorized Representative:	Nanya Litz
Administrator/Licensee Designee:	JoAnn Bruestle
Name of Facility:	Plymouth Inn
Facility Address:	205 N. Haggerty Plymouth, MI 48170
Facility Telephone #:	(734) 451-0700
Original Issuance Date:	10/13/2020
Capacity:	75
Program Type:	AGED

II. METHODS OF INSPECTION

Date of On-site Inspection(s): 04/28/2022

Date of Bureau of Fire Services Inspection if applicable: 7/23/2021, 9/24/2021

Inspection Type: Interview and Observation Worksheet
 Combination

Date of Exit Conference: 4/28/2022

No. of staff interviewed and/or observed 8
No. of residents interviewed and/or observed 20
No. of others interviewed One Role a respite resident's spouse

- 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. No resident funds held.
- Meal preparation / service observed? Yes No If no, explain.
- Fire drills reviewed? Yes No If no, explain.
Bureau of Fire Services reviews fire drills. Staff interviewed regarding disaster plans.
- 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: CAP dated 4/26/2021 to LSR dated 4/1/2021: R 325.1922(3), R 325.1932(2), R 325.1932 (3), R 325.1932(5), R 325.1943(1), R 325.1953(1), R 325.1954, R 325.1976 (6), R 325.1976 (13)
- Number of excluded employees followed up? N/A

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

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

R 325.1923

Employee's health.

(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.

Employee #1's TB screening was dated 7/29/2021 and her date of hire was 12/6/2021, thus the facility was not in compliance with this rule.

IV. RECOMMENDATION

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



4/29/2022

Date

Licensing Consultant