



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

ORLENE HAWKS
DIRECTOR

June 24, 2022

Julie Nash
Balfour Ann Arbor
2840 S Main St
Ann Arbor, MI 48103

RE: License #: AH810401212
Balfour Ann Arbor
2840 S Main St
Ann Arbor, MI 48103

Dear Ms. Nash:

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,

A handwritten signature in cursive script that reads "Jessica Rogers".

Jessica Rogers, Licensing Staff
Bureau of Community and Health Systems
611 W. Ottawa Street
P.O. Box 30664
Lansing, MI 48909
(517) 283-7433
enclosure

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

I. IDENTIFYING INFORMATION

License #: AH810401212

Licensee Name: Ann Arbor Senior Living Owner, LLC

Licensee Address: Ste 3500
1999 Broadway
Denver, CO 80202

Licensee Telephone #: (303) 926-3012

Authorized Representative: Julie Nash

Administrator/Licensee Designee: Grace Dezern

Name of Facility: Balfour Ann Arbor

Facility Address: 2840 S Main St
Ann Arbor, MI 48103

Facility Telephone #: (734) 359-3500

Original Issuance Date: 01/17/2020

Capacity: 71

Program Type: AGED
ALZHEIMERS

II. METHODS OF INSPECTION

Date of On-site Inspection(s): 06/23/2022

Date of Bureau of Fire Services Inspection if applicable: 12/2/2021

Inspection Type: Interview and Observation Worksheet
 Combination

Date of Exit Conference: 6/24/2022

No. of staff interviewed and/or observed 18

No. of residents interviewed and/or observed 29

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. 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. Disaster plan reviewed and staff interviewed regarding disaster plan.
- 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 7/23/2021 to Renewal LSR dated 7/15/2021: R 325.1921(1)(b), R 325.1922(5), R 325.1923(2), R 325.1932(1), R 325.1962(9)(b)
- Number of excluded employees followed up? Three 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.

(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. 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 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.

Director of Health and Wellness Mae Feliz stated the facility did not maintain an annual facility tuberculosis (TB) risk assessment.

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.

Review of Employee #1's file revealed her date of hire was 12/30/2019 and her TB test was administered 2/28/2022.

Review of Employee #2's file revealed her date of hire was 6/23/2021 and her TB test was administered on 4/12/2022.

REPEAT VIOLATION ESTABLISHED. For reference, see Renewal Licensing Study Report dated 7/15/2021.

R 325.1931 Employees; general provisions.

(3) The home shall designate 1 person on each shift to be supervisor of resident care during that shift. The supervisor of resident care shall be fully dressed, awake, and on the premises when on duty.

Staff scheduler Christin Spoutz stated the nurses were the supervisor of shift and they worked 12-hour shifts. Review of the staff schedule for May and June 2022 revealed there were two nurses scheduled on some shifts for the morning shift.

R 325.1932 Resident medications.

(1) Medication shall be given, taken, or applied pursuant to labeling instructions or orders by the prescribing licensed health care professional.

Review of Resident A's medication administration records (MARs) revealed the following medication was not initialed as given Atorvastatin 40 mg tablet by mouth daily at bedtime on 5/27/2022 and 5/28/2022.

Review of Resident B's MARs revealed the following medication was not initialed as given Tramadol twice on 5/23/2022 and one time on 6/12/2022.

Additionally, review of Resident B's May 2022 MARs revealed medications such as Culturelle Digest, Ferrous Sulfate, Calcium, Duloxetine, Ensure liquid, Vitamin D3, Levothyroxine, Melatonin, Gavilax powder, Stimulant laxative tablets, Acetaminophen, were not initialed as given and left blank on the same day the medications were ordered. Review of Resident B's June 2022 MARs revealed Oxycodone was ordered to start on 6/7/2022 and to be given twice daily, in which the 8:00 AM dose was not initialed as given for that day.

Facility staff failed to mark any reason for the missed doses and the MARs were left blank, therefore it cannot be confirmed why the medication administration was not completed as scheduled.

REPEAT VIOLATION ESTABLISHED. For reference, see Renewal Licensing Study Report dated 7/15/2021.

R 325.1932 Resident medications.

(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.

To ensure narcotic medication is not used by a person other than the resident for whom the medication is prescribed, the facility implemented a procedure of maintaining a controlled substance inventory sheet for all such medications. As confirmed by Employee #2 at the change of each shift the staff person who is about to leave their shift will meet with the staff person arriving for the next shift. Together, the two staff persons will manually count every narcotic medication in the medication cart for which they are responsible and ensure that the number of medications available in the cart matches the number on the accountability sheet. Then, both staff persons are to sign the controlled substance inventory sheets indicating they agree with the count. Review of the substance inventory sheets for May and June 2022 revealed some signature lines were left blank where only one staff member initialed the narcotic count was completed. Additionally, the inventory sheet read on 6/15/2022 the total number of narcotic medication cards or bottles had increased from 24 to 30 with no additional documentation of medications received from pharmacy. The inconsistent and lack of documentation on the controlled substance inventory sheets reveal staff were not following the facility's procedure to ensure narcotic medication was not used by a person other than the resident for whom the medication is prescribed.

R 325.1943 Resident registers.

(1) A home shall maintain a current register of residents which shall include all of the following information for each resident:

- (a) Name, date of birth, gender, and room.**
- (b) Name, address, and telephone number of next of kin or authorized representative, if any.**
- (c) Name, address, and telephone number of person or agency responsible for resident's maintenance and care in the home.**
- (d) Date of admission, date of discharge, reason for discharge, and place to which resident was discharged, if known.**
- (e) Name, address, and telephone number of resident's licensed health care professional, if known.**

Interview with Ms. Feliz revealed the facility did not maintain a resident register.

R 325.1964 Interiors.

(9) Ventilation shall be provided throughout the facility in the following manner:

- (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.

Inspection of residents' bathing/toilet rooms 1111 and 1214, as well as the public restrooms on second floor and the third floor, lacked adequate and discernable air flow.

REPEAT VIOLATION ESTABLISHED. For reference, see Renewal Licensing Study Report dated 7/15/2021.

R 325.1976 Kitchen and dietary.

(5) The kitchen and dietary area, as well as all food being stored, prepared, served, or transported, shall be protected against potential contamination from dust, flies, insects, vermin, overhead sewer lines, and other sources.

Inspection of the assisted living and memory care kitchen freezers revealed breaded chicken filets on baking sheet and egg rolls uncovered as well as bread on the counter uncovered.

R 325.1979 General maintenance and storage.

(3) Hazardous and toxic materials shall be stored in a safe manner.

Inspection of the memory care cupboards located in the dining area revealed a steak knife as well as two sets of scissors.

REPEAT VIOLATION ESTABLISHED. For reference, see Renewal Licensing Study Report dated 7/15/2021.

On 6/24/2022, I shared the findings of this report with authorized representative Julie Nash. Ms. Nash verbalized understanding of the findings.

IV. RECOMMENDATION

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

Jessica Rogers

6/27/2022

Licensing Consultant

Date