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## STATE OF MICHIGAN DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS LANSING

ORLENE HAWKS DIRECTOR

July 28, 2022

Elisabeth Delaney Mercy Services for Aging 873 W Avon Rd. Rochester Hills, MI 48307

RE: License #: AL630299637

Mercy Bellbrook/McAuley 873 W. Avon Road Rochester Hills, MI 48307

Dear Ms. Delaney:

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,

Sheena Bowman, Licensing Consultant Bureau of Community and Health Systems 4th Floor, Suite 4B

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51111 Woodward Avenue

Pontiac, MI 48342

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

#### I. IDENTIFYING INFORMATION

**License#:** AL630299637

**Licensee Name:** Mercy Services for Aging

**Licensee Address:** 873 W Avon Rd.

Rochester Hills, MI 48307

**Licensee Telephone #:** (248) 656-6300

Licensee/Licensee Designee: Elisabeth Delaney

**Administrator:** Diane Scherer-Alexander

Name of Facility: Mercy Bellbrook/McAuley

Facility Address: 873 W. Avon Road

Rochester Hills, MI 48307

**Facility Telephone #:** (248) 656-6306

Original Issuance Date: 02/12/2010

Capacity: 13

Program Type: PHYSICALLY HANDICAPPED

**ALZHEIMERS** 

**AGED** 

#### **II. METHODS OF INSPECTION**

Date of On-site Inspection(s): 07/27/2022
Date of Bureau of Fire Services Inspection if applicable: 07/20/22
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 No. of residents interviewed and/or observed No. of others interviewed Role:
Medication pass / simulated pass observed? Yes ⊠ No □ If no, explain.
Medication(s) and medication record(s) reviewed? Yes ⊠ No □ If no, explain.
<ul> <li>Resident funds and associated documents reviewed for at least one resident? Yes ⋈ No ⋈ If no, explain.</li> <li>Meal preparation / service observed? Yes ⋈ No ⋈ If no, explain. It was not meal time during the onsite.</li> <li>Fire drills reviewed? Yes ⋈ No ⋈ If no, explain.</li> </ul>
• Fire safety equipment and practices observed? Yes ⊠ No ☐ If no, explain.
<ul> <li>E-scores reviewed? (Special Certification Only) Yes ☐ No ☐ N/A ☐ If no, explain.</li> <li>Water temperatures checked? Yes ☐ No ☐ If no, explain.</li> </ul>
Incident report follow-up? Yes ⊠ No □ If no, explain.
<ul> <li>Corrective action plan compliance verified? Yes ∑ CAP date/s and rule/s: LSR CAP Approved 7/30/20; 208(1)(f)</li> <li>LSR CAP Approved 9/11/18; 408(7)</li> <li>N/A ∑</li> </ul>
Number of excluded employees followed-up? N/A ☒
<ul> <li>Variances? Yes ☐ (please explain) No ☐ N/A ☒</li> </ul>

#### III. DESCRIPTION OF FINDINGS & CONCLUSIONS

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

R 400.15301

Resident admission criteria; resident assessment plan; emergency admission; resident care agreement; physician's instructions; health care appraisal.

(10) At the time of the resident's admission to the home, a licensee shall require that the resident or the resident's designated representative provide a written health care appraisal that is completed within the 90-day period before the resident's admission to the home. A written health care appraisal shall be completed at least annually. If a written health care appraisal is not available at the time of an emergency admission, a licensee shall require that the appraisal be obtained not later than 30 days after admission. A department health care appraisal form shall be used unless prior authorization for a substitute form has been granted, in writing, by the department.

Resident A's initial physical in 2020 was not dated by a physician.

R 400.15301

Resident admission criteria; resident assessment plan; emergency admission; resident care agreement; physician's instructions; health care appraisal.

(4) At the time of admission, and at least annually, a written assessment plan shall be completed with the resident or the resident's designated representative, the responsible agency, if applicable, and the licensee. A licensee shall maintain a copy of the resident's written assessment plan on file in the home.

Resident A's 2020 assessment plan was not physically signed by her guardian. A 2021 assessment plan was not completed for Resident A. Resident B's 2020 and 2021 assessment plan was not physically signed by her guardian. Resident B's 2020 assessment plan was missing pages two and three.

#### R 400.15301

Resident admission criteria; resident assessment plan; emergency admission; resident care agreement; physician's instructions; health care appraisal.

(9) A licensee shall review the written resident care agreement with the resident or the resident's designated representative and responsible agency, if applicable, at least annually or more often if necessary.

A 2021 resident care agreement was not completed for Resident A. Resident B's 2021 resident care agreement was not physically signed by her guardian.

#### R 400.15315 Handling of resident funds and valuables.

(3) A licensee shall have a resident's funds and valuables transaction form completed and on file for each resident. A department form shall be used unless prior authorization for a substitute form has been granted, in writing, by the department.

The licensee designee Elisabeth Delaney, did not sign the Funds Part II forms for Resident A or Resident B. The transaction amounts on the Funds Part II forms for the AFC payments does not coincide with the monthly fee written on the resident care agreement for Resident A or Resident B.

### R 400.15318 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.

There were several fire drills missing in 2020. During the second and third quarter in 2020 there was only one fire drill completed for each quarter. There were no fire drills completed in the last quarter in 2020.

There were several fire drills missing in 2021. The first quarter was missing a third fire drill. There were no fire drills completed during the second quarter in 2021. There was only one fire drill completed in the third quarter in 2021. The fire drill that was completed in October 2021 did not indicate if the fire drill was completed in the am or pm. The fire drill completed in December 2021 did not have a time listed.

#### IV. RECOMMENDATION

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

07/28/22 Date

Licensing Consultant

Theere France