



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

ORLENE HAWKS
DIRECTOR

September 22, 2022

Jennifer Hescott
Provision Living at Livonia
33579 8 Mile Road
Livonia, MI 48152

RE: License #: AH820405630
Provision Living at Livonia
33579 8 Mile Road
Livonia, MI 48152

Dear Ms. Hescott:

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) 241-1970
enclosure

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

I. IDENTIFYING INFORMATION

License #:	AH820405630
Licensee Name:	AEG Livonia Opco, LLC
Licensee Address:	Ste 385 1610 Des Peres Road St. Louis, MO 63131
Licensee Telephone #:	(314) 272-4980
Authorized Representative:	Jennifer Hescott
Administrator/Licensee Designee:	Tangie Garner
Name of Facility:	Provision Living at Livonia
Facility Address:	33579 8 Mile Road Livonia, MI 48152
Facility Telephone #:	(615) 630-3376
Original Issuance Date:	03/09/2022
Capacity:	58
Program Type:	AGED ALZHEIMERS

II. METHODS OF INSPECTION

Date of On-site Inspection(s): 09/20/2022

Date of Bureau of Fire Services Inspection if applicable: 2/18/2022

Inspection Type: Interview and Observation Worksheet
 Combination

Date of Exit Conference: 9/22/2022

No. of staff interviewed and/or observed 12

No. of residents interviewed and/or observed 22

No. of others interviewed One Role Home care nurse

- 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. 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: N/A
- 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 325.1921 Governing bodies, administrators, and supervisors.

(1) The owner, operator, and governing body of a home shall do all of the following:

(b) Assure that the home maintains an organized program to provide room and board, protection, supervision, assistance, and supervised personal care for its residents.

**For Reference:
R 325.1901**

Definitions.

(16) "Protection" means the continual responsibility of the home to take reasonable action to ensure the health, safety, and wellbeing of a resident as indicated in the resident's service plan, including protection from physical harm, humiliation, intimidation, and social, moral, financial, and personal exploitation while on the premises, while under the supervision of the home or an agent or employee of the home, or when the resident's service plan states that the resident needs continuous supervision.

Employee #1 stated there were four residents in the facility with bedside assistive devices commonly referred to as “Halo Rings.” Employee #1 stated the residents either transferred to the facility with the halo bedside assistive device attached to their bed or the device was placed on the bed by staff from the durable medical equipment company. Employee #1 stated the facility did not have a written policy nor specific staff training for the use of the bedside assistive devices. Employee #1 stated the facility did not maintain the manufacturer guidelines for the devices. Employee #1 stated Residents A, B, C, and D did not have physician orders for the devices.

Observations of Resident A and C’s halo devices revealed they were secured tightly to the bed frame, however lacked covers. Resident D’s halo device was secured tightly to the bed frame located approximately two feet from the end of the bed and was covered. Resident B’s halo bedside assist device was not observed.

In addition, review of the residents’ service plans omitted or lacked sufficient information for specific use, care, and maintenance of the devices including a means for the resident to summon staff, methods for on-going monitoring of the resident, methods of monitoring the equipment by trained staff for maintenance of the device and for monitoring measurements of gaps to protect the resident from the possibility of physical harm related to entrapment, entanglement, strangulation, etc.

Resident A’s 7/1/2022 service plan read, “Mechanical lift with two employee assistance with all transfer [sp].” The plan read “Report changes, increased difficulty, safety concerns Provide transfer assistance with good technique to protect resident and care staff.”

Resident B’s 9/1/2022 service plan read “Two person assistance with all transfer [sp].” The plan read “Due to [Resident B’s] Multiple Sclerosis, he does experience lower extremities weakness, he will require 2 person assistance to transfer into his motorized scooter, especially in the morning when his muscles are stiff, but he is able to bear some weight on his lower extremities and pivot to his scooter. Provide transfer assistance with good technique to protect resident and care staff Report changes, increased difficulty, or safety concerns.”

Resident C’s 5/10/2022 and Resident D’s 6/20/2022 service plans for transfer assistance read, “Requires assistance of 1 person with transferring.” Resident C’s plan read “Report changes, increased difficulty, safety concerns Provide transfer assistance with good technique to protect resident and care staff.” Resident D’s plan read “resident needs assist with transfers due to neck injury/hx of fracture, daughter stated that resident will get up independently at times from her chair and ambulate.”

Given the observations listed above and the lack of an organized plan the facility has not provided reasonable protective measures to ensure resident well-being and safety during the use of a bedside assistive device.

R 325.1932 Resident medications.

(2) The giving, taking, or applying of prescription medications shall be supervised by the home in accordance with the resident's service plan.

Review of Resident C's Medication Administration Records (MARs) revealed she received scheduled and as needed Lorazepam and Haloperidol. Resident C's service plan read "Resident does not exhibit present or past behavioral issues." The service plan lacked identification of behaviors and instructions for staff to identify when the medication would be needed. For example, if an as needed medication were to be administered in response to "agitation" or "anxiety," the service plan would explain how the resident demonstrates the behavior.

VIOLATION ESTABLISHED

R 325.1932 Resident medications.

(3) If a home or the home's administrator or direct care staff member supervises the taking of medication by a resident, then the home shall comply with all of the following provisions:

(e) Adjust or modify a resident's prescription medication with written instructions from a prescribing licensed health care professional who has knowledge of the medical needs of the resident. A home shall record, in writing, any instructions regarding a resident's prescription medication.

Medications ordered PRN or "as needed" did not always include written instructions for administration of the medications. For example, Resident C's MAR read she was prescribed Acetaminophen 325 mg take two tablets by mouth twice daily as needed, Haloperidol lactate 2 mg/ml give 0.5 mLs by mouth once daily as needed, and Hyoscyamine Sulfate 0.125 mg take one table sublingually every four hours as needed. There were no specific written instructions for staff describing the circumstances or reasons to necessitate administration of the as needed medications to Resident C.

VIOLATION ESTABLISHED

R 325.1953 Menus.

(1) A home shall prepare and post the menu for regular and therapeutic or special diets for the current week.

Changes shall be written on the planned menu to show the menu as actually served.

The facility did not post therapeutic or special diet menus for the current week. Executive Chef Employee #2 stated there were residents who received therapeutic or special diets. Review of facility documentation revealed residents were prescribed therapeutic or special diets such as but not limited to diabetic, cardiac, pureed, and mechanical soft.

VIOLATION ESTABLISHED

R 325.1954 Meal and food records.

The home shall maintain a record of the meal census, to include residents, personnel, and visitors, and a record of the kind and amount of food used for the preceding 3-month period.

Executive Chef Employee #2 stated he did not maintain a meal census.

VIOLATION ESTABLISHED

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.

The residents' bathing/toileting facilities located in rooms 104, 107, 117, 123, 127 lacked adequate and discernable air flow.

VIOLATION ESTABLISHED

R 325.1972 Solid wastes.

All garbage and rubbish shall be kept in leakproof, nonabsorbent containers. The containers shall be kept covered with tight-fitting lids and shall be removed from the home daily and from the premises at least weekly.

Three trash containers in the kitchen lacked lids at the time of inspection. Executive Chef Employee #2 stated he did not know if the facility maintained lids for the containers.

VIOLATION ESTABLISHED

IV. RECOMMENDATION

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



09/22/2022

Licensing Consultant

Date