

GRETCHEN WHITMER **GOVERNOR**

STATE OF MICHIGAN DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS LANSING

ORLENE HAWKS DIRECTOR

November 3, 2022 Janet Mazzetti Lake Orion Assisted Living, LLC PO Box 564 Oxford, MI 48371

RE: License #: AS630294500

Pineview Manor 2888 S Baldwin Lake Orion, MI 48360

Dear Ms Mazzetti:

Attached is the Renewal Licensing Study Report for the facility referenced above. You have submitted an acceptable written corrective action plan addressing the violations cited in the report.

The study has determined substantial compliance with applicable licensing statutes and administrative rules. Therefore, your license is renewed. It is valid only at your present address and is nontransferable.

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 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 #: AS630294500

Licensee Name: Lake Orion Assisted Living, LLC

Licensee Address: 1814 S Lapeer

Lake Orion, MI 48360

Licensee Telephone #: (248) 814-6714

Licensee/Licensee Designee: Janet Mazzetti

Administrator: Loraine Lee

Name of Facility: Pineview Manor

Facility Address: 2888 S Baldwin

Lake Orion, MI 48360

Facility Telephone #: (248) 814-6714

Original Issuance Date: 04/11/2008

Capacity: 6

Program Type: PHYSICALLY HANDICAPPED

AGED

II. METHODS OF INSPECTION

Date of On-site Inspection(s):11/03/2022
Date of Bureau of Fire Services Inspection if applicable: N/A
Date of Health Authority Inspection if applicable: N/A
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.
 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. It was not meal time during the onsite. Fire drills reviewed? Yes No If no, explain.
 Fire safety equipment and practices observed? Yes No □ If no, explain.
 E-scores reviewed? (Special Certification Only) Yes ☐ No ☐ N/A ☐ If no, explain. Water temperatures checked? Yes ☐ No ☐ If no, explain.
 Incident report follow-up? Yes ⊠ No □ If no, explain.
 Corrective action plan compliance verified? Yes CAP date/s and rule/s: SI CAP Approved 07/27/22; 305(3) LSR CAP Approved 12/09/20; 312(1), 312(2) N/A Number of excluded employees followed-up? N/A
Variances? Yes ☐ (please explain) No ☐ N/A ☒

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

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

R 400.14306 Use of assistive devices.

(3) Therapeutic supports shall be authorized, in writing, by a licensed physician. The authorization shall state the reason for the therapeutic support and the term of the authorization.

The AFC group home does not have a prescription for Resident A's walker.

R 400.14310 Resident health care.

(3) A licensee shall record the weight of a resident upon admission and monthly thereafter. Weight records shall be kept on file for 2 years.

Resident B was admitted on 03/29/21 however; her admission weight was not completed.

R 400.14312 Resident medications.

(1) Prescription medication, including dietary supplements, or individual special medical procedures shall be given, taken, or applied only as prescribed by a licensed physician or dentist. Prescription medication shall be kept in the original pharmacy-supplied container, which shall be labeled for the specified resident in accordance with the requirements of Act No. 368 of the Public Acts of 1978, as amended, being {333.1101 et seq. of the Michigan Compiled Laws, kept with the equipment to administer it in a locked cabinet or drawer, and refrigerated if required.

REPEAT VIOLATION ESTABLISHED: LSR CAP APPROVED 12/9/20

During the onsite it was explained that each month the staff are refilling the residents old prescription bottles with the new prescription pills. Therefore, the residents medications are not being kept in the original pharmacy supplied container.

R 400.14312 Resident medications.

(7) Prescription medication that is no longer required by a resident shall be properly disposed of after consultation with a physician or a pharmacist.

During the onsite, I was informed that Resident A and Resident B were being administered medications from various previous months throughout the year.

Below is a list of the prescription bottles that were observed for Resident A and Resident B along with the date the medications were supposed to be administered.

Resident A
Calcium 4/19/22
Potassium 1/28/22
Vitamin B-12 9/7/22
Vitamin C 7/11/22
Spiriva Handihlr 9/22
Metformin 7/26/22
Quetiapine 4/19/22
Atenolol 9/7/22
Lovastatin 9/8/22
Amlodipine 9/8/22
Aspirin 9/8/22
Spironolact 1/19/22

Resident B Atorvastatin 8/2/22 Omeprazole 9/6/22 Vitamin D3 9/6/22 Amlodipine 5/7/22 Losartan 7/8/22 Melatonin 10/4/22 Quetiapine 10/4/22 Trazodone 6/4/22

A corrective action plan was requested and approved on 11/03/2022. It is expected that the corrective action plan be implemented within the specified time frames as outlined in the approved plan. A follow-up evaluation may be made to verify compliance. Should the corrections not be implemented in the specified time, it may be necessary to reevaluate the status of your license.

IV. RECOMMENDATION

An acceptable corrective action plan has been received. Renewal of the license is recommended.

Sheena Bowman Licensing Consultant 11/03/22 Date