

GRETCHEN WHITMER GOVERNOR

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

ORLENE HAWKS DIRECTOR

March 5, 2019

Paul Meisel Auburn Fields Assisted Living II, LLC 219 Church Street Auburn, MI 48611

RE: License #: AL090356074

Auburn Fields Assisted Living II, LLC

4710 Stephanie Court Auburn, MI 48611

#### Dear Mr. Meisel:

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.

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 (810) 787-7031.

Sincerely,

Sabrina McGowan, Licensing Consultant

Bureau of Community and Health Systems

4809 Clio Rd. Flint, MI 48504

(810) 835-1019

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

#### I. IDENTIFYING INFORMATION

**License #:** AL090356074

Licensee Name: Auburn Fields Assisted Living II, LLC

**Licensee Address:** 219 Church Street

Auburn, MI 48611

**Licensee Telephone #:** (989) 662-4100

Licensee/Licensee Designee: Paul Meisel

Administrator: N/A

Name of Facility: Auburn Fields Assisted Living II, LLC

Facility Address: 4710 Stephanie Court

Auburn, MI 48611

**Facility Telephone #:** (989) 662-4100

Original Issuance Date: 09/16/2014

Capacity: 20

Program Type: PHYSICALLY HANDICAPPED

**ALZHEIMERS** 

AGED

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

Date	Date of On-site Inspection(s):		02/27/2019	
Date	of Bureau of Fire Serv	vices Inspection if app	licable:	09/27/2018
Date of Health Authority Inspection if applicable: N/A				
Inspe	ection Type:	☐ Interview and Obs	servation	⊠ Worksheet □ Full Fire Safety
No. of staff interviewed and/or observed No. of residents interviewed and/or observed No. of others interviewed Role: Manager				<u>a</u> 10
•	Medication pass / simu	ılated pass observed?	Yes 🖂	No 🔲 If no, explain.
• 1	Medication(s) and med	lication record(s) revie	wed? Y	es 🛭 No 🗌 If no, explain
•	Yes ⊠ No ☐ If no, explain.			
• 1	Fire drills reviewed? Yes ⊠ No □ If no, explain.			
• 1	Fire safety equipment and practices observed? Yes ⊠ No ☐ If no, explain.			
l	E-scores reviewed? (Special Certification Only) Yes ☐ No ☐ N/A ☒ If no, explain.  Water temperatures checked? Yes ☒ No ☐ If no, explain.			
• (	Incident report follow-u No IR's to review. Corrective action plan 01/31/2018-AL105(1)-	compliance verified?		in. CAP date/s and rule/s:
	Number of excluded er		? 1	N/A 🛛
• \	Variances? Yes ☐ (pl	ease explain) No 🗌	N/A 🖂	

#### III. DESCRIPTION OF FINDINGS & CONCLUSIONS

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

R 400.15205

Health of a licensee, direct care staff, administrator, other employees, those volunteers under the direction of the licensee, and members of the household.

(6) A licensee shall annually review the health status of the administrator, direct care staff, other employees, and members of the household. Verification of annual reviews shall be maintained by the home and shall be available for department review.

No verification of the annual health care reviews for direct staff was found.

#### IV. RECOMMENDATION

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

Sabria M. Gonan March 5, 2019

Sabrina McGowan

Licensing Consultant

Date