

GRETCHEN WHITMER GOVERNOR STATE OF MICHIGAN DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS LANSING

ORLENE HAWKS DIRECTOR

March 9, 2023

Donitia Strickland RSR Serenity LLC 47640 Gratiot Avenue Chesterfield, MI 48051

RE: License #: AL500408375 Sandalwood Village III 47640 Gratiot Avenue Chesterfield, MI 48051

Dear Ms. Strickland:

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 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,

Kristine Cillufo

Kristine Cilluffo, Licensing Consultant Bureau of Community and Health Systems Cadillac Place 3026 West Grand Blvd Ste 9-100 Detroit, MI 48202 (248) 285-1703

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

I. IDENTIFYING INFORMATION

License #:	AL500408375
Licensee Name:	RSR Serenity LLC
Licensee Address:	47640 Gratiot Avenue
	Chesterfield, MI 48051
Licensee Telephone #:	(586) 949-6220
Licensee/Licensee Designee:	Donitia Strickland
Administrator:	Donitia Strickland
Nome of Facility	Sandalwood Villago III
Name of Facility:	Sandalwood Village III
Facility Address:	47640 Gratiot Avenue
	Chesterfield, MI 48051
Facility Telephone #:	(586) 949-6220
Original Issuance Date:	11/01/2021
Capacity:	20
Program Type:	PHYSICALLY HANDICAPPED
	DEVELOPMENTALLY DISABLED
	TRAUMATICALLY BRAIN INJURED

II. METHODS OF INSPECTION

Date of On-site Inspection(s):	02/28/2023	
Date of Bureau of Fire Services Inspection if appli	icable: 01/24/2023	
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 1 Role: Licensee	3 16 • Designee	
Medication pass / simulated pass observed?	Yes 🛛 No 🗌 If no, explain.	
Medication(s) and medication record(s) review	wed? Yes 🛛 No 🗌 If no, explain.	
 Resident funds and associated documents reviewed for at least one resident? Yes X No I If no, explain. Meal preparation / service observed? Yes X No I If no, explain. 		
• Fire drills reviewed? Yes \boxtimes No \square If no, ex	plain.	
• Fire safety equipment and practices observed	d? Yes 🛛 No 🗌 If no, explain.	
 E-scores reviewed? (Special Certification Only) Yes No N/A In N/A If no, explain. Water temperatures checked? Yes No If no, explain. 		
● Incident report follow-up? Yes ⊠ No □ If r	no, explain.	
 Corrective action plan compliance verified? Yes CAP date/s and rule/s: CAP date 08/31/2022- AL305(3), AL403(1), AL206(1)(2), AL207(4), AL312(4), AS313(3)(5), AL202(1) N/A 		
 Number of excluded employees followed-up? 	P N/A ⊠	

• Variances? Yes \Box (please explain) No \boxtimes N/A \Box

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

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

R 400.15306	Use of assistive devices.
	(2) An assistive device shall be specified in a resident's written assessment plan and agreed upon by the resident or the resident's designated representative and the licensee.

Resident A had physician authorization for use of hospital bed and bed rail. The authorization was also signed by guardian. However, use of hospital bed and bed rail was not listed in Resident A's assessment plan.

On 03/02/2023, licensee provided an updated assessment plan for Resident A with assistive devices added and guardian/licensee signatures confirming changes.

R 400.15312	Resident medications.
	 (4) When a licensee, administrator, or direct care staff member supervises the taking of medication by a resident, he or she shall comply with all of the following provisions: (b) Complete an individual medication log that contains all of the following information:

Resident A is prescribed Mirtazapine tab 7.5 mg- take one tablet by mouth at bedtime. Resident A's medication administration record did not match the pill pack. The medication administration record indicated that Resident A is prescribed Mirtazapine tab 15 mg- 1 tab by mouth at bedtime.

R 400.15401	Environmental health.
	(2) Hot and cold running water that is under pressure shall be provided. A licensee shall maintain the hot water temperature for a resident's use at a range of 105 degrees Fahrenheit to 120 degrees Fahrenheit at the faucet.

During the onsite inspection, I measured the water temperature with a digital thermometer. The water temperature was found to be as high as 123.1 degrees Fahrenheit.

On 03/02/2023, the licensee provided a water temperature log indicating that water temperature has been corrected.

R 400.15408	Bedrooms generally.
	(4) Interior doorways of bedrooms that are occupied by residents shall be equipped with a side-hinged, permanently mounted door that is equipped with positive-latching, nonlocking-against-egress hardware.

During the onsite inspection, I observed that Bedroom #13's door did not have nonlocking-against-egress hardware.

On 03/02/2023, the licensee provided photo verifying that lock had been changed.

IV. RECOMMENDATION

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

Ristine Cilly

03/09/2023

Kristine Cilluffo Licensing Consultant Date