

GRETCHEN WHITMER
GOVERNOR

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

ORLENE HAWKS DIRECTOR

January 20, 2023

Stephen Levy ARHC ARCLRMI01 TRS, LLC 106 York Road Jenkintown, PA 19046

RE: License #: AL630365576

Addington Place of Clarkston 2 5800 Water Tower Pl Clarkston, MI 48346

Dear Mr. Levy:

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,

Cindy Berry, Licensing Consultant

Bureau of Community and Health Systems

3026 West Grand Blvd

Cadillac Place, Ste 9-100

Detroit, MI 48202

(248) 860-4475

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

#### I. IDENTIFYING INFORMATION

**License #:** AL630365576

Licensee Name: ARHC ARCLRMI01 TRS, LLC

**Licensee Address:** 106 York Road

Jenkintown, PA 19046

**Licensee Telephone #:** (248) 625-0500

Licensee Designee: Stephen Levy

Administrator: Scott Nelson

Name of Facility: Addington Place of Clarkston 2

**Facility Address:** 5800 Water Tower Pl

Clarkston, MI 48346

**Facility Telephone #:** (248) 625-0500

Original Issuance Date: 06/19/2015

Capacity: 20

Program Type: PHYSICALLY HANDICAPPED

MENTALLY ILL

**AGED** 

**ALZHEIMERS** 

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

Date	e of On-site Inspection(s):	01/17/2023	
Date	e of Bureau of Fire Services Inspection if applicable:	02/24/2022	
Date	e of Health Authority Inspection if applicable:	01/17/2023	
No.	of staff interviewed and/or observed of residents interviewed and/or observed of others interviewed 0 Role: N/A	5 10	
•	Medication pass / simulated pass observed? Yes ⊠	No 🗌 If no, explain.	
•	Medication(s) and medication record(s) reviewed? Y	res ⊠ No □ If no, explain.	
•	Resident funds and associated documents reviewed for at least one resident? Yes $\boxtimes$ No $\square$ If no, explain. Meal preparation / service observed? Yes $\boxtimes$ No $\square$ If no, explain.		
•	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 If no, explain. Water temperatures checked? Yes ⊠ No ☐ If no,		
•	Incident report follow-up? Yes ⊠ No ☐ If no, expla	ain.	
•	Corrective action plan compliance verified? Yes   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 400.15301

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.

There was no health care appraisal contained in Resident A's resident file at the time of admission.

#### R 400.15312 Resident medications.

(2) Medication shall be given, taken, or applied pursuant to label instructions.

There were three blister packs of Resident A's medication Metformin HCL 500 mg observed in the medication cabinet. One blister pack documented morning dose, one documented evening dose and the third did not document a time. There was no explanation available as all blister packs had missing medication.

#### 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.

There were no annual assessment plans for 2021 contained in Resident B, Resident C, and Resident D's resident files.

#### R 400.15310 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.

There were no weight records available for review for any of the residents prior to January 2023.

#### R 400.15403 Maintenance of premises.

- (2) Home furnishings and housekeeping standards shall present a comfortable, clean, and orderly appearance.
- The toilet seat in community bathroom was worn.
- The toilet in resident room #38 was dirty.
- The caulking around the sink in resident room #37 needs to be replaced.
- There was no mirror/vanity contained in resident room #37.

#### IV. RECOMMENDATION

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

01/20/2023

Cindy Berry

**Licensing Consultant** 

Date