



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

ORLENE HAWKS
DIRECTOR

March 23, 2023

Drita Aliatim
56565 Senior Care Solutions LLC
2498 Tranquil Dr.
Troy, MI 48098

RE: License #: AS630398556
Blossom Hill #1-AS
56565 10 Mile Rd
South Lyon, MI 48178

Dear Mrs. Aliatim:

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,

A handwritten signature in cursive script that reads "Frodet Dawisha".

Frodet Dawisha, Licensing Consultant
Bureau of Community and Health Systems
Cadillac Place, Ste 9-100
Detroit, MI 48202
(248) 303-6348

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

I. IDENTIFYING INFORMATION

License #:	AS630398556
Licensee Name:	56565 Senior Care Solutions LLC
Licensee Address:	56565 10 Mile Rd South Lyon, MI 48178
Licensee Telephone #:	(248) 264-6497
Administrator/Licensee Designee:	Drita Aliatim
Name of Facility:	Blossom Hill #1-AS
Facility Address:	56565 10 Mile Rd South Lyon, MI 48178
Facility Telephone #:	(248) 264-6497
Original Issuance Date:	12/23/2019
Capacity:	6
Program Type:	ALZHEIMERS AGED

II. METHODS OF INSPECTION

Date of On-site Inspection(s): 03/15/2023

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 1

No. of residents interviewed and/or observed 5

No. of others interviewed 1 Role: licensee designee

- 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.
Meal preparation did not occur during inspection
- 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:
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 400.14301	Resident admission criteria; resident assessment plan; emergency admission; resident care agreement; physician's instructions; health care appraisal.
	(9) A licensee shall review the written resident care agreement with the resident or the resident's designated representative and responsible agency, if applicable, at least annually or more often if necessary.

During the onsite inspection on 03/15/2023, Resident A did not have their annual 2021 resident care agreement completed and on file.

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.

During the onsite inspection on 03/15/2023, I reviewed Resident A's medication and medication logs and found the following errors:

- **Timolol Maleate 0.5%** did not have a label on the prescription box indicating it was for Resident A.
- **Pilocarpine Hydrochloride Ophthalmic Solution** was not in the original pharmacy supplied container nor did it have the label on the container indicating it was for Resident A.

R 400.14312	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: (iii) Label instructions for use. (iv) Time to be administered.

	<p>(v) The initials of the person who administers the medication, which shall be entered at the time the medication is given.</p> <p>(c) Record the reason for each administration of medication that is prescribed on an as needed basis.</p> <p>(d) Initiate a review process to evaluate a resident's condition if a resident requires the repeated and prolonged use of a medication that is prescribed on an as needed basis. The review process shall include the resident's prescribing physician, the resident or his or her designated representative, and the responsible agency.</p>
--	---

During the on-site inspection, I reviewed Resident A's and Resident B's medications and medication logs and found the following medication errors:

- Resident A's **Acetaminophen** did not have the label instructions for use or the time to be administered in February 2023 medication log.
- Resident A's **Latanoprost 0.005% SOL**: instill one drop in both eyes daily was given from 03/01/2023-03/15/2023, but staff did not initial the medication log.
- Resident A's **Timolol MAL 0.5% OP SOL**: Instill one drop in both eyes twice daily was being given but staff did not initial the medication log from 03/01/2023-03/15/2023.
- Resident A's medication logs for December and January 2022 had check marks instead of staff initials when medications were being administered.
- Resident A's medication logs for 8PM in May 2022, June 2022, July 2022, August 2022, September 2022, October 2022, and November 2022 were all initialed by the licensee designee Syed Shah. I reviewed staff schedules for May 2022, June 2022, July 2022, August 2022, September 2022, October 2022, and November 2022 and Mr. Shah was not on the 8PM staff schedule.
- Resident A's **Polyeth GLYC POW 3350**: dissolve 17GM and drink twice daily as needed was given on 04/01/2022, 05/05/2022, 04/09/2022, 04/12/2022, 04/15/2022, 04/16/2022, 04/20/2022, 04/26/2022, and on 04/30/2022 but the reason for this as needed medication was not recorded.
- Resident A's **Acetamin 500 MGTAB**: take two tablets as needed/do not exceed 3000MG/24 hours was given from 04/01/2022-04/12/2022 but the reason for this as needed medication was not recorded. In addition, a review process was not initiated with Resident A's prescribing physician for the prolonged use of this as needed medication.
- Resident B's **Ciprofloxacin 500 MG TAB** was missing the label instructions for use on the medication log for March 2023.
- Resident B's **Joint Health TAB ULTRA**: take one tablet my mouth once daily was given on 03/09/2023 at 8AM but staff did not initial the medication log.
- Resident B's **Multivitamin Women TAB 50+**: take one tablet by mouth daily was given on 03/09/2023 at 8AM but staff did not initial the medication log.
- Resident B's **Vitamin D3 50 MCG**: take one tablet by mouth once daily was given on 03/09/2023 at 8AM, but staff did not initial the medication log.
- Resident B's **Magnesium GL TAB 200MG**: take one tablet oral was given on 03/09/2023 at 8AM but staff did not initial the medication log.

REPEAT VIOLATION: LSR DATED 07/28/2020, CAP DATED 08/13/2020

	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 inspection on 03/15/2023, I reviewed Resident A's medications and medication logs and found the following error:

- Docusate SOD 100 MG CAP was discontinued in 12/2022, but the medication blister pack was not properly disposed as I observed the Docusate in Resident A's medication basket.

R 400.14403	Maintenance of premises.
	(11) Handrails and nonskid surfacing shall be installed in showers and bath areas.

During the on-site inspection on 03/15/2023, bathrooms #1 and #2 did not have nonskid surfacing, instead rubber bathmats were being utilized.

IV. RECOMMENDATION

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



03/23/2023

Frodet Dawisha
Licensing Consultant

Date