



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

ORLENE HAWKS
DIRECTOR

June 6, 2023

Robert Kornfeld
Redford Village MI Wellness LLC
25330 West Six Mile Rd
Redford Charter Twp., MI 48240

RE: Application #: AH820410349
The Orchards at Redford Village
25330 6 Mile Rd
Redford Charter Twp., MI 48240

Dear Mr. Kornfeld:

Attached is the Original Licensing Study Report for the above referenced facility. The study has determined substantial compliance with applicable licensing statutes and administrative rules. Therefore, a temporary license with a maximum capacity of 56 is issued.

Please review the enclosed documentation for accuracy and contact me with any questions. In the event that I am not available and you need to speak to someone immediately, please contact the local office at (877) 458-2757.

Sincerely,

A handwritten signature in black ink, appearing to read "Andrea Krausmann".

Andrea Krausmann, Licensing Staff
Bureau of Community and Health Systems
611 W. Ottawa Street
P.O. Box 30664
Lansing, MI 48909
(586) 256-1632

enclosure

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

I. IDENTIFYING INFORMATION

License #:	AH820410349
Applicant Name:	Redford Village MI Wellness LLC
Applicant Address:	25330 West Six Mile Rd Redford Charter Twp., MI 48240
Applicant Telephone #:	(718) 838-1500
Authorized Representative:	Robert Kornfeld
Name of Facility:	The Orchards at Redford Village
Facility Address:	25330 6 Mile Rd Redford Charter Twp, MI 48240
Facility Telephone #:	(313) 531-6874
Application Date:	09/07/2021
Capacity:	56
Program Type:	ALZHEIMERS AGED

II. METHODOLOGY

09/07/2021	Enrollment
09/21/2021	Application Incomplete Letter Sent 1326 & RI030 sent
09/21/2021	Contact - Document Sent 1605 sent to applicant. 1326, RI030, Out of State FP instructions
10/04/2021	Inspection Completed-Fire Safety : C Temporary approval until 11/15/21 by Bureau of Fire Services (BFS) inspector Paul Mullett for license renewal inspection of current licensee AH820378377 at this same address - may be used as original BFS inspection for this enrollee.

11/09/2021	Inspection Completed-Fire Safety : C Temporary approval until 11/23/21 by Paul Mullett BFS inspector for AH820378377 - may be used for this enrollee.
11/22/2021	Inspection Completed-Fire Safety : A Approved by BFS inspector Paul Mullett for AH820378377 at this same address - may be used for this enrollee
12/01/2021	Contact - Document Received 1326a & RI030
01/18/2022	Application Incomplete Letter Sent Sent to authorized representative (AR) Robert Kornfeld via email.
04/07/2022	Contact - Document Received Attestation letter from AR R. Kornfeld that the home's generators meet compliance with MCL333.21335
05/24/2022	Contact - Document Sent Document review sent to Robert Kornfeld and attorney Gerry Aben via email.
07/22/2022	Contact - Document Received Surety bond received to address holding refundable deposits and/or resident funds in trust.
08/04/2022	Contact - Document Received Attestation letter from AR R. Kornfeld that no food will be served to non-residents i.e. resident family members, employees, vendors, visitors, etc. therefore, no food services establishment license is required.
10/18/2022	Inspection Completed-Fire Safety: C Temporary approval until 11/29/2022 completed by BFS inspector Paul Mulett for current licensee at this same address. May be used for this licensee's original license.
11/29/2022	Inspection Completed-Fire Safety: A Re-check annual inspection approval report by BFS inspector Paul Mullett for current licensee at this same address. May be used for this licensee's original license.
12/06/2022	Contact - Document Received Revised application dated 2/25/22, listing all LLC members. This application replaces the original one submitted on 9/7/21.

01/10/2023	Contact – Document Received Policies and procedures received and approved.
02/14/2023	Inspection Completed On-site Met with administrator Catherine Jackson, Clinical Coordinator Cynthia Hill, Dietary Manager Laura Clark, Maintenance Staff Matt Chambers.
02/15/2023	Referral – Bureau of Fire Services (BFS) Notified BFS supervisor Larry DeWachter of room reconstruction done without plan review, two burst pipes with no notification to licensing and BFS, and other potential BFS issues.
02/17/2023	Contact - Document Sent List of items out of compliance sent to authorized representative Robert Kornfeld and administrator Catherine Jackson.

R325.1961(5) ref: R325.1901(13) At some time, possibly in 2001 according to administrator Catherine Jackson, major building modifications were made to eight resident rooms in D-hall (Rooms 53, 54, 55, 56, 57, 58, 61, 63) without obtaining approvals from licensing, Health Facilities Engineering Section and Bureau of Fire Services.

R325.1964(1)(12) The home is not free from hazards to residents, personnel, and visitors. In addition, floors, walls, and ceilings are not all covered and finished in a manner that will permit maintenance of a sanitary environment. On or about Christmas Day 2022, a ceiling pipe burst in resident room 202 affecting this room, as well as 204 and 206. The residents in these rooms had to be relocated, and the rooms are still in disrepair.

A couple days later, a ceiling pipe burst in Patterson Hall area just outside the main dining room. The water affected the communication board/electrical equipment in one room and the ceiling of the common toilet room next to it. The ceilings are still open awaiting repairs and black mold is developing. This hallway area is roped off with caution tape preventing access to the toilet room and to the fire exit in this hallway.

R325.1924(3) Licensing was not notified of the above bursting pipe incidents, that put residents at risk of more than minimal harm.

R325.1979(1) The building and equipment has not been kept clean and in good repair. In addition to the above, additional findings include:

- The main front door handle is broken.
- A vestibule heater has been deemed “defective” by a mechanical company on 2/8/2023 and in need of repair.
- The memory care area common use toilet room had the toilet removed and left on the floor along with a pile of wet towels.
- The memory care area kitchen has broken and missing cabinet doors. Also, cupboards and cabinets in this area are in need of cleaning inside.
- The memory care area resident room windows are so old and set in place that some no longer open or only open a little. A few window cranks are nearly frozen and unable to turn without a great deal of effort. Not all windows have screens in place.
- A sink in the main kitchen has no drainage pipe in place.
- A housekeeping closet in F hall is in need of a light fixture to cover two exposed lightbulbs.

MCL333.20178(1)(e) At least one resident room window in a memory care area can be opened 9 inches, therefore it is not providing a secure environment for a resident with Alzheimer’s disease or a related condition.

R325.1964(9) Exhaust ventilation was not available in all required areas. For examples:

- The exhaust ventilation in D hall has been shut down by a mechanical company due to not operating properly and repair parts have been ordered.
- A housekeeping/janitor closet in F hall has no exhaust ventilation vent and is storing cleaning chemicals.

R325.1964(12) Not all floors, walls, and ceilings are covered and finished in a manner that will permit maintenance of a sanitary environment. For examples:

- Memory care area resident room 92 in F hall has a hole in the ceiling from liquid dripping.
- Room 92’s attached bathroom flooring is pulling up and away from the toilet base.
- There is an approximate 2 ½’ x 2 ½’ area of flooring in the serving area of the main kitchen that was previously covered by an appliance. The appliance has been discarded and a buildup of dirt and black mold remain on this area.

R325.1953(1) The menu posted in assisted living area listed some food items, but it did not include all regular and therapeutic diet menus being served.

R325.1954 Dietary manager Laura Clark did not maintain a complete record of the meal census of residents served and the kind and amount of food used.

R325.1921(1)(b) The owner, operator, governing body did not assure an organized program of protection, supervision, assistance and supervised personal care, as evidenced by bedside assistive devices being utilized by two residents, that are not secured to the bedframe, and are not addressed for use by the home. Ms. Jackson said PACE day program gave the devices to the residents.

R325.1917(2) Potential non-compliance issues for the Bureau of Fire Services (BFS) include:

- Laundry dryer vent tubing is vented through the ceiling of one of the laundry rooms. The ceiling penetration around the vent tubing does not appear to have been caulked to BFS regulations.
- A heat lamp was installed in the bathroom ceiling of at least one bathroom attached resident room 55.
- An “exit” door in a D hall conference room has one door entering the room with a key lock, and an exterior door a dead bolt turn lock. It is unknown whether these locking devices are approved on an “exit” door area.

02/24/2023	Contact – Face-to-Face Video meeting held: Area manager Andrea Moore, HFA licensing staff Andrea Krausmann and Brender Howard met with authorized representative Robert Kornfeld, administrator Catherine Jackson, legal rep Gerald Aben - re: findings during 2/14/23 on-site.
03/10/2023	Inspection Completed-Fire Safety: C Temporary approval until 4/19/23 by Angela Dayfield BFS inspector for current licensee AH820378377 at this same address. May be used for this applicant.
03/17/2023	Contact – Document Received Photos received from administrator Catherine Jackson to demonstrate compliance with various findings.
03/17/2023	Contact – Face-to-Face

Video meeting held: Area manager Andrea Moore and HFA licensing staff, Andrea Krausmann and Brender Howard, met with authorized representative Robert Kornfeld, administrator Catherine Jackson, legal rep Gerald Aben. Reportedly, all corrections have been made to bring the home into compliance.

03/28/2023

Inspection Completed On-site

Andrea Moore and Andrea Krausmann met with administrator Catherine Jackson on-site. Some items were still out of compliance and additional items were found out of compliance. Ms. Jackson made an agreement with Ms. Moore that within three weeks, by the close of business on 4/19/2023, Ms. Jackson will conduct a full facility evaluation and provide a status report of all items completed to licensing.

Ms. Moore emphasized that it is expected that the facility will minimally address:

- Bedside assistive devices
- Heat lamps and light fixture replacements
- Window screens
- Window locks in the memory care unit

03/29/2023

Contact - Document Sent

List of items out of compliance that were observed on 03/28/2023 was sent to authorized representative Robert Kornfeld, administrator Catherine Jackson and legal representative Gerald Aben.

The exhaust vent was not functioning in the memory care common bathroom and the light switch had been reversed i.e. when the toggle switch was in the "on" position, the light was off, and vice-versa.

The memory care kitchen cupboards and cabinets are still in need of cleaning.

Some window cranks in the memory care resident rooms were still frozen and unable to turn without a great deal of effort.

Some windows were still missing their screens.

The flooring in resident room 92 had been repaired but was warped and a trip hazard.

As a security measure in the memory care unit, brackets had been affixed to the outside of the MC windows to prevent them from opening more than a couple inches. However, touching

one of the brackets, it immediately fell out of place and would allow the window to be opened.

The F hall housekeeping closet has no exhaust ventilation. A locker cabinet was in the room with a bag that contained two empty spray bottles. There were two other doors in the locker cabinet that had been padlocked. The contents of these two locker cabinets could not be determined whether it contained cleaning supplies in need of exhaust ventilation.

Resident Room 202 had duct tape around the window. Also, the plastic-type closet door curtain was torn and in need of replacement.

Resident Room 204 had a thermostat on the wall that was broken apart. The plastic-type closet door curtain slider was torn and in need of replacement.

Room 206 still had no flooring, was missing a light bulb in the bathroom, and the toilet seat was loosely affixed to the toilet bowl by only one of its two hinges.

In the Patterson Hall rooms across from the dining room, that had been affected by the burst water pipe, the ceilings had taped drywall installed but had not been finish-sanded and painted. The floors were in need of cleaning from mudding debris. The door to the IT room had no door handle and had to be opened with pliers. One light fixture was missing a light bulb and had no light fixture cover.

Resident room 61's bed had an upside down U shape metal tubing device and a resident's hand/foot/limb could easily fit through and become entangled. The wooden bedframe had notches carved out so the device would sit in the frame. The device was not secured to the bed frame. A set of bed rails was also observed on the floor of an unoccupied resident room in the memory care unit. Ms. Jackson said she was unaware of the resident's bedside assistive device in room 61, and Ms. Jackson has not yet developed a policy for the current applicant's use of bedside assistive devices.

Ms. Clark presented recipes as a record the kind and amount of food used. We discussed various ways for Ms. Clark to complete a record of the kind and amount of food used.

The Bureau of Fire Services inspection report dated 3/10/2023 issued fire safety certification of Temporary Approval until 4/19/2023. Ms. Jackson said the Fire Safety Inspector will be returning.

The heat lamp in Room 56 had been removed, but it had been replaced with exposed lightbulbs with no light fixture cover.

The attached bathroom to Room 53 had a functioning heat lamp in place.

The attached bathroom to Room 61 had a functioning heat lamp in place.

Resident room 61 had piles of clothes and garbage bags of things all over the room. The bed was significantly concave in the middle and appeared broken. The odor in the room was noxious. The carpet was significantly stained and dirty. The refrigerator and microwave were filthy. The bottom of the exit door to the hallway was covered in duct tape.

A pill was observed on the floor near the medication cart in a common area of the building.

04/19/2023	Contact – Document Received Status report from Catherine Jackson, but it does not address all items of non-compliance, and did not provide a policy for use of bedside assistive devices.
04/20/2023	Contact – Document Sent Email to Catherine Jackson, cc: Robert Kornfeld; David Duffy; Douglas Cruse; A. Moore & B. Howard – Ms. Jackson's 4/19/23 status report did not address all items on 3/28/23 list of findings and the bedside assistive device policy was not submitted. Please submit revised status to address all items including completion dates for outstanding items and bedside assistive device policy.
04/30/2023	Contact – Document Received Email from C. Jackson documenting completion of remaining items but still no policy for bedside assistive devices submitted.
05/10/2023	Contact – Document Sent Email to Catherine Jackson, cc: Robert Kornfeld; David Duffy; Douglas Cruse; A. Moore & B. Howard requesting policy on bedside assistive devices be submitted by end of business on 5/12/23.

05/11/2023	Contact – Document Received Bedside assistive device policy from AR/admin C. Jackson.
05/15/2023	Contact – Document Sent Email to AR/admin C. Jackson accepting the bed policy but also making recommendations re: best practice as their policy lacks so much information. Also, requested a status of the BFS violations, as the home was given Temporary approval until 4/19/23.
05/15/2023	Contact – Document Sent Email to BFS inspector A. Dayfield and supervisor L. DeWachter requesting status of this facility. The Temporary approval ended 4/19/23.
05/15/2023	Contact – Telephone Call Received Voice mail from BFS supervisor Larry DeWachter that BFS inspector Steve Martin went to the home today. The home still has violations and was given Temporary approval until 6/16/2023.
05/15/2023	Inspection Completed-Fire Safety: C Temporary approval until 6/16/2023 by Steve Martin, although the report indicates Angela Dayfield BFS inspector. This re-inspection was completed for current licensee AH820378377 at this same address. May be used for this applicant.
05/23/2023	Contact – Telephone Call Made Discussed BFS status with administrator C. Jackson. She believes "most items" will be done before BFS inspector Steve Martin returns on 6/16/23, however, C. Jackson's last day is 6/2/23. I requested a status report via email.
05/23/2023	Contact – Document Received Email from Catherine Jackson re: Bureau of Fire Services (BFS) 5/15/23 inspection report and the facility's plans to come into compliance with BFS by the 6/16/23 date. Also, Ms. Jackson announced her departure from her position scheduled for 6/2/23.
06/01/2023	Inspection Completed-Fire Safety: A Approval by BFS Supervisor Larry DeWachter This re-inspection was completed for current licensee AH820378377 at this same address. May be used for this applicant.

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

A. Physical Description of Facility

The facility at 25330 Six Mile Road Redford Charter Twp., is a one-story residential building that has been operated as a licensed home for the aged since 03/01/1940. The previous address was known as 17383 Garfield Avenue, but that address changed when the building was reconstructed some years ago, with a main entrance facing Six Mile Road. It is in northwestern Wayne County. The building is connected via hallways to The Orchards, a licensed skilled nursing facility. Both buildings are owned and operated by Redford Village MI Wellness LLC. The building is on the north side of Six Mile Road, a five-lane road zoned 40 mph. It is located directly behind the Redford Twp. District library, in an urban area, interspersed with multi-family dwellings. A parking lot is available just before the building.

According to Health Facilities Engineering Section documentation, in the 1970s this home for the aged facility was licensed for 147 residents, and it had nine hallways of resident rooms. However, since that time, prior owner/operators closed down five of these nine hallways [A, B, C, G, and I- Hallways], de-licensed this area previously known as Sterling, and the hallways are no longer in use.

In addition, it was discovered at this on-site inspection that eight former resident rooms in D Hallway [Rooms 53 & 54, 55 & 56, 61 & 62, and 63 & 64] have undergone major building modifications, possibly in 2001, according to administrator Catherine Jackson, to become four residential suites. These units are now known as Rooms 53, 55, 61, and 63. Each suite is comprised of a bedroom, a bathroom, and living area.

Presently, the facility has 56 residential units with a total approved capacity of 56 resident beds in four hallways [Hallways D, E, F, and H]. The facility's main entrance leads into the assisted living area of the facility. This area is designed for residents that require assistance with activities of daily living.

The assisted living area includes the lobby, administrative offices, conference room, the main kitchen (which is shared with the attached nursing home), main dining room, library, staff break room, two laundry service rooms, and a life enrichment wing complete with a fully equipped kitchen in an activity room and a theater/stage room. There are 24 single-occupancy residential units in this assisted living area (Hallways D and H). Two resident room configurations are available including ten studio rooms and four one-bedroom suites in this assisted living area.

The facility's memory care area is in designated hallways E and F, located along the southeast side of the building. It is a secured unit designed for individuals who have been diagnosed with Alzheimer's disease or a related condition. There are 14 studio units in the memory care area, all approved for single occupancy.

The memory care area can be entered via the assisted living area. For resident safety, main exit doors in the memory care area are secured with numbered keypads that require staff assistance to be opened. Windows in this memory care area are equipped with exterior brackets so that they can only be opened a few inches, also for resident safety.

The memory care unit has its own dining room, a meal service area including an induction-type stove top, refrigerator, and dishwasher, a staff office/desk area, a laundry service room and activity space. Meals are prepared in the facility's main kitchen and then transported into the memory care unit for serving.

Each resident unit in the facility has its own attached bathroom with walk-in tub and individualized heat/AC unit controls. A bed and bedside table along with towels, washcloths, and bedding will be available to all residents, although residents are encouraged to bring their own furniture and personal belongings for their own comfort. Personal emergency pendants are available to residents residing in the assisted living area to summon staff assistance.

The facility has two exterior courtyards. One courtyard is available to assisted living residents and is partially surrounded by the buildings. The other exterior courtyard is gated by an approximate four-foot-tall decorative fence. It is accessible to residents in the memory care unit with staff supervision.

This facility has city water and sewer. The facility is equipped with a whole home fire suppression system. According to the Bureau of Fire Services, residents of a home for the aged licensed under Chapter 19 are expected to "shelter-in-place" in case of fire. If smoke and/or fire are present within the residents' immediate area, then those residents move to the adjacent unaffected smoke compartment/safe area of refuge. Residents evacuate the building if/when the building is deemed to be uninhabitable by the fire department/first responders/administration.

According to a 04/24/2017 report by Health Facilities Engineering Section engineer Riyadh Almuktar, the facility installed two generators. On 04/07/2022, the facility's new owner/authorized representative, Robert Kornfeld, submitted a letter attesting that the facility's generator meets compliance with MCL333.21335, in that given an interruption of the normal electrical supply it is capable of providing no less than four hours of service and it generates enough power to provide lighting at all entrances and exits and to operate equipment to maintain fire detection, alarm, and extinguishing systems, telephone switchboards, heating plant controls, and other critical mechanical equipment essential to the safety and welfare of the residents, personnel, and visitors.

B. Program Description

The facility has been continuously licensed as a home for the aged since 1940. In anticipation of the change of ownership that occurred on 11/01/2021, according to the bill of sale, Redford Village MI Wellness LLC submitted a home for the aged license

application on 09/07/2021, for The Orchards at Redford Village under building fire safety type Chapter 19 Existing Health Facility with programs for serving aged residents and those with Alzheimer's disease or a related condition.

A business entity search of the State of Michigan Department of Licensing and Regulatory Affairs revealed Redford Village MI Wellness LLC is a domestic limited liability company with an organization date of 07/20/2021.

As a licensed home for the aged, Redford Village MI Wellness LLC proposes to provide room, board, and supervised personal care to individuals aged 55 and older in the facility known as The Orchards at Redford Village. The facility also represents to the public the provision of services to individuals with Alzheimer's disease or related conditions. Initial and ongoing training will be provided to all staff including specialized training for those working in the memory care area.

On 07/22/2022, Redford Village MI Wellness LLC's owner/authorized representative, Robert Kornfeld, submitted a surety bond to insure the department for the benefit of holding resident funds in trust and/or holding refundable deposits. It is expected that the bond shall continue in an amount equal to not less than 1-1/4 times the average balance of resident funds held during the prior year.

On 08/04/2022, Mr. Kornfeld submitted a letter attesting Redford Village MI Wellness LLC will not serve food to any non-residents, such as residents' family members, employees, vendors, and other visitors. Therefore, a food service establishment license is not required.

C. Rule/Statutory Violations

According to Health Facilities Engineering Section documentation, the 01/20/1976 room sheets reveal the facility was once licensed with nine hallways of resident rooms for a total capacity of 147 residents. Since then, prior owner/operators de-licensed and closed down five of the nine hallways [Hallways A, B, C, G, and I- Hallways], previously known as the Sterling area. Presently, the home is operating Patterson hallway with the main kitchen, dining room, lobby and administrative office areas, along with four hallways of licensed resident rooms [Hallways D, E, F, and H]. There are 24 resident rooms in the assisted living area [Hallways D and H] and 32 resident rooms in the memory care area [Hallways E and F]. All are single-occupancy rooms for a total capacity of 56 residents.

On 02/14/2023, I conducted an on-site inspection of the building with administrator Catherine Jackson. Several items were identified to be out of compliance.

On 03/28/2023, a follow-up on-site inspection revealed some items were still out of compliance and additional items were out of compliance.

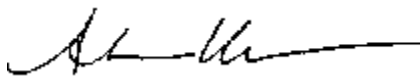
On 3/17, 4/19, 4/30, and 5/11/2023, Ms. Jackson submitted documentation and photos to demonstrate the items that have been brought into compliance.

On 06/01/2023, the Dept. of LARA Bureau of Fire Services (BFS) state fire inspector supervisor Larry DeWachter issued fire safety certification approval for the current licensee at this address. This approval may be utilized for this applicant.

The study has determined substantial compliance with Public Health Code Act 368 of 1978, as amended, and the administrative rule requirements related to a licensed home for the aged.

IV. RECOMMENDATION

It is recommended that a temporary 6-month home for the aged license/permit for this facility be issued. The terms of the license will enable the licensee to operate a home for the aged with 56 licensed beds and programs for aged and Alzheimer's disease or related condition care.



06/01/2023

Andrea Krausmann
Licensing Staff

Date

Approved By:



06/06/2023

Andrea L. Moore, Manager
Long-Term-Care State Licensing Section

Date