

GRETCHEN WHITMER
GOVERNOR

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

ORLENE HAWKS DIRECTOR

June 26, 2023

Kristy Britton
Sunrise Assisted Living of Northville
16100 North Haggerty Road
Plymouth, MI 48170

RE: License #: AH820400126

Sunrise Assisted Living of Northville

16100 North Haggerty Road

Plymouth, MI 48170

Dear Ms. Britton:

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 home for the aged authorized representative and a date.

Upon receipt of an acceptable corrective action plan, a regular license will be issued. If you fail to submit an acceptable corrective action plan, disciplinary action will result. 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 feel free to contact the local office at 877-458-2757.

Sincerely,

Jessica Rogers, Licensing Staff

Jossica Rogers

Bureau of Community and Health Systems

611 W. Ottawa Street

P.O. Box 30664

Lansing, MI 48909

(517) 285-7433

enclosure

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

#### I. IDENTIFYING INFORMATION

**License#**: AH820400126

Licensee Name: SZR Northville Assisted Living Opco, L.L.C.

Licensee Address: Suite 200

500 N. Hurstbourne pkwy Louisville, KY 40222

**Licensee Telephone #:** (502) 357-9380

**Authorized Representative/** 

Administrator: Kristy Britton

Name of Facility: Sunrise Assisted Living of Northville

Facility Address: 16100 North Haggerty Road

Plymouth, MI 48170

**Facility Telephone #:** (734) 420-4000

Original Issuance Date: 01/01/2020

Capacity: 118

Program Type: AGED

**ALZHEIMERS** 

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

Date of On-site Inspection	n(s): 06/23/2	06/23/2023	
Date of Bureau of Fire Services Inspection if appli		12/07/2022	
Inspection Type:	☐Interview and Observation ☐Combination	⊠Worksheet	
Date of Exit Conference:	06/23/2023		
No. of staff interviewed an No. of residents interviewed No. of others interviewed	ed and/or observed	15 32	
Medication pass / sim	nulated pass observed? Yes $oxtimes$	No 🗌 If no, explain.	
<ul> <li>Medication(s) and medication records(s) reviewed? Yes ⋈ No ☐ If no, explain.</li> <li>Resident funds and associated documents reviewed for at least one resident? Yes ☐ No ⋈ If no, explain. No resident funds held.</li> <li>Meal preparation / service observed? Yes ⋈ No ☐ If no, explain.</li> </ul>			
<ul> <li>Fire drills reviewed? Yes ☐ No ☒ If no, explain. Bureau of Fire Services reviews fire drills. Disaster plan reviewed and staff interviewed regarding disaster plan.</li> <li>Water temperatures checked? Yes ☒ No ☐ If no, explain.</li> </ul>			
<ul> <li>Incident report follow-up? Yes ☐ IR date/s: N/A ☐</li> <li>Corrective action plan compliance verified? Yes ☐ CAP date/s and rule/s: Renewal Licensing Study Report dated 7/9/2021 to CAP dated 8/3/2021: R 325.1922(5)</li> </ul>			
<ul> <li>Number of excluded e</li> </ul>	mplovees followed up? Three 1	N/A	

#### III. DESCRIPTION OF FINDINGS & CONCLUSIONS

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

R 325.1931 Employees; general provisions.

(3) The home shall designate 1 person on each shift to be supervisor of resident care during that shift. The supervisor of resident care shall be fully dressed, awake, and on the premises when on duty.

Review of the assisted living and memory care schedules revealed each unit was assigned a charge lead, thus there was not one designated supervisor of resident care for each shift.

#### **VIOLATION ESTABLISHED**

R 325.1932 Resident medications.

(2) Prescribed medication managed by the home shall be given, taken, or applied pursuant to labeling instructions, orders and by the prescribing licensed health care professional.

Review of Resident A's medication administration records (MARs) revealed one or more medications were left blank on the following date: 5/12/2023.

Review of Resident B's MARs revealed one or more medications were left blank on the following date: 5/11/2023.

Thus, it could not be determined if Resident A and B's medications were administered or not.

#### **VIOLATION ESTABLISHED**

R 325.1976 Kitchen and dietary.

(6) Food and drink used in the home shall be clean and wholesome and shall be manufactured, handled, stored, prepared, transported, and served so as to be safe for human consumption.

Inspection of the memory care refrigerator revealed items were not dated such as but not limited to ketchup, mustard, Caesar salad dressing, and bowels of mandarin oranges, peaches, and mixed fruit.

#### **VIOLATION ESTABLISHED**

R 325.1979 General maintenance and storage.

(3) Hazardous and toxic materials shall be stored in a safe manner.

Inspection of the kitchen drawers in the memory care unit revealed a sharp knife and lighter were maintained in an unlocked drawer and accessible to residents.

#### **VIOLATION ESTABLISHED**

#### IV. RECOMMENDATION

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

Jessica Rogers	06/26/2023
Licensing Consultant	Date