

GRETCHEN WHITMER
GOVERNOR

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

ORLENE HAWKS DIRECTOR

July 13, 2023

Stephen Levy Addington Place of Northville 42010 W Seven Mile Road Northville, MI 48167

> RE: License #: AH820378951 Investigation #: 2023A1019055

> > Addington Place of Northville

### Dear Licensee:

Attached is the Special Investigation Report for the above referenced facility. Due to the violations identified in the report, a written corrective action plan is required. Failure to submit an acceptable corrective action plan will result in disciplinary action. 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 time frames 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 authorized representative and a date.

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 (517) 284-9730.

Sincerely,

Elizabeth Gregory-Weil, Licensing Staff Bureau of Community and Health Systems 611 W. Ottawa Street P.O. Box 30664 Lansing, MI 48909 (810) 347-5503

enclosure

# MICHIGAN DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS BUREAU OF COMMUNITY AND HEALTH SYSTEMS SPECIAL INVESTIGATION REPORT

### I. IDENTIFYING INFORMATION

License #:	AH820378951
Investigation #:	2023A1019055
Complaint Receipt Date:	07/09/2023
Complaint Receipt Date.	07/09/2023
Investigation Initiation Date:	07/10/2023
	51, 13,232
Report Due Date:	09/08/2023
Licensee Name:	ARHC APNVLMI01 TRS, LLC
Licensee Address:	a/a Haalthaara Truat Ina
Licensee Address:	c/o Healthcare Trust, Inc 650 Fifth Ave
	New York, NY 10019
	Trom Fork, Free Too To
Licensee Telephone #:	(212) 415-6551
-	
Administrator:	Maurizio Palombi
Authorized Representative:	Stephen Levy
Name of Facility:	Addington Place of Northville
ivanie or r acinty.	Addington Flace of NorthVille
Facility Address:	42010 W Seven Mile Road
•	Northville, MI 48167
Facility Telephone #:	(248) 305-9600
Original Isonomos Botos	00/40/0040
Original Issuance Date:	02/10/2016
License Status:	REGULAR
Effective Date:	08/10/2022
Expiration Date:	08/09/2023
Conscitu	90
Capacity:	80
Program Type:	AGED
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### II. ALLEGATION(S)

### Violation Established?

The facility didn't provide timely notification to the department regarding a change in administrator.	Yes
Additional Findings	No

### III. METHODOLOGY

07/09/2023	Special Investigation Intake 2023A1019055
07/10/2023	Special Investigation Initiated - Letter Email correspondence with Admin and AR beginning on 7/5/23.
07/10/2023	Inspection Completed-BCAL Sub. Compliance

#### **ALLEGATION:**

The facility didn't provide timely notification to the department regarding a change in administrator.

### **INVESTIGATION:**

On 7/5/23, licensing staff received an introductory email from Employee 1, stating that he was the new executive director of the facility. Employee 1 reported that he began working as the executive director on 5/8/23. In follow up correspondence with Employee 1, he was unaware of the administrative rule requirement pertaining to a change in the administrator appointment. Prior to this, the department had not received notification of a change to this appointment, nor was the required paperwork submitted (BCAL1606 form and proof of education/training/experience with the population served) on behalf of Employee 1. Additionally, Employee 1 with revealed that the previous administrator ceased her employment effective 4/4/23.

On 7/6/23, Employee 1 submitted a copy of his resume and BCAL 1606 form assigning him to be the facility's administrator.

APPLICABLE RU	ILE
R 325.1913	Licenses and permits; general provisions.
	(2) The applicant or the authorized representative shall give written notice to the department within 5 business days of any changes in information as submitted in the application pursuant to which a license, provisional license, or temporary nonrenewable permit has been issued.
ANALYSIS:	The facility's former administrator ceased employment on 4/4/23, with Employee 1 starting on 5/8/23. The licensee failed to appoint an administrator or provide prompt notification of this change in appointment to the department.
CONCLUSION:	VIOLATION ESTABLISHED

### IV. RECOMMENDATION

Contingent upon approval of an acceptable corrective action plan, I recommend no changes to the status of the license at this time.

07	7/13/2023
Elizabeth Gregory-Weil Licensing Staff	Date
Approved By:	
(moheg) maore	7/13/2023
Andrea L. Moore, Manager Long-Term-Care State Licensing Section	Date