



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

ORLENE HAWKS
DIRECTOR

July 27, 2023

Nozmi Elder
Cedar Woods Assisted Living
44401 I-94 S Service Dr
Belleville, MI 48111

RE: License #: AH820304947
Cedar Woods Assisted Living
44401 I-94 S Service Dr
Belleville, MI 48111

Dear Nozmi Elder:

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 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
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 #:	AH820304947
Licensee Name:	Willow Commons, LLC
Licensee Address:	44401 I-94 S. Service Dr. Belleville, MI 48111
Licensee Telephone #:	(734) 699-2900
Authorized Representative:	Nozmi Elder
Administrator/Licensee Designee:	Robin Wojtowicz
Name of Facility:	Cedar Woods Assisted Living
Facility Address:	44401 I-94 S Service Dr Belleville, MI 48111
Facility Telephone #:	(734) 699-2900
Original Issuance Date:	05/21/2010
Capacity:	210
Program Type:	AGED ALZHEIMERS

II. METHODS OF INSPECTION

Date of On-site Inspection(s): 07/26/2023

Date of Bureau of Fire Services Inspection if applicable: 04/24/2023

Inspection Type: Interview and Observation Worksheet
 Combination

Date of Exit Conference: 7/26/2023

No. of staff interviewed and/or observed 15

No. of residents interviewed and/or observed 62

No. of others interviewed Two Role Visitors

- Medication pass / simulated pass observed? Yes No If no, explain.
- Medication(s) and medication records(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.
- Fire drills reviewed? Yes No If no, explain.
Bureau of Fire Services reviews fire drills. Disaster plan reviewed and staff interviewed regarding disaster plan.
- Water temperatures checked? Yes No If no, explain.
- Incident report follow-up? Yes IR date/s: N/A
- Corrective action plan compliance verified? Yes CAP date/s and rule/s:
SCAP dated 11/22/2021 to SIR 2022A1019011 dated 11/10/2021: R 325.1924(3)
- Number of excluded employees followed up? Three N/A

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

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

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.

Medications ordered PRN or “as needed” did not always include written instructions for administration of the medications. For example, Resident A’s medication administration records (MARs) read she was prescribed Lorazepam 0.5 MG take one tablet by mouth every four hours as needed, and Morphine Sulfate 20 MG/ML give 1 prefilled syringe (0.25MG/5MG) by mouth every four hours as needed There were no specific written instructions for staff describing the circumstances or reasons to necessitate administration of the as needed medications to Resident A.

Additionally, as needed medications were not always administered per the prescribed licensed health professional’s orders. For example, Resident B’s MAR read she was prescribed Diphenhydramine 25 MG take one capsule by mouth every six hours as needed for allergies and staff documented “pain” as the reason it was administered on 6/2/2023.

VIOLATION ESTABLISHED.

R 325.1954 Meal and food records.

The home shall maintain a record of the meal census, to include residents, personnel, and visitors, and a record of the kind and amount of food used for the preceding 3-month period.

Review of the facility’s meal census revealed although the kind and amount of food served was recorded, the total number of residents, visitors and employees served at each meal was not recorded on the July 2023 daily temperature sheets.

VIOLATION ESTABLISHED.

R 325.1964 Interiors.

(9) Ventilation shall be provided throughout the facility in the following manner:

(a) A room shall be provided with a type and amount of ventilation that will control odors and contribute to the comfort of occupants.

(b) Bathing rooms, beauty shops, toilet rooms, soiled linen rooms, janitor closets, and trash holding rooms shall be provided with a minimum of 10 air changes per hour of continuously operated exhaust ventilation that provide discernable air flow into each of these rooms.

The residents' bathing/toilet facilities located in rooms 107, 120, 127, as well as a memory care shower room, memory care janitor closet, a south shower room and the south resident laundry room lacked adequate and discernable air flow.

VIOLATION ESTABLISHED.

IV. RECOMMENDATION

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



07/27/2023

Date

Licensing Consultant