

GRETCHEN WHITMER
GOVERNOR

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

MARLON I. BROWN, DPA ACTING DIRECTOR

August 9, 2023

Steven Tyshka Waltonwood at Cherry Hill II 42500 Cherry Hill Canton, MI 48187

RE: License #: AH820336804

Waltonwood at Cherry Hill II

42500 Cherry Hill Canton, MI 48187

Dear Steven Tyshka:

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 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 #:** AH820336804

Licensee Name: Waltonwood at Cherry Hill II, L.L.C

**Licensee Address:** 7125 Orchard Lake Rd #200

West Bloomfield, MI 48322

**Licensee Telephone #:** (248) 865-1012

Authorized Representative: Steven Tyshka

Administrator/Licensee Designee: Tiffiany Tucker

Name of Facility: Waltonwood at Cherry Hill II

Facility Address: 42500 Cherry Hill

Canton, MI 48187

**Facility Telephone #:** (734) 981-5070

Original Issuance Date: 12/27/2012

Capacity: 76

Program Type: ALZHEIMERS

AGED

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

Date of On-site Inspection	n(s): 08/08/2	08/08/2023		
Date of Bureau of Fire Services Inspection if app		9/19/2022, 12/1/2022		
Inspection Type:	☐Interview and Observation ☐Combination	⊠Worksheet		
Date of Exit Conference:	08/09/2023			
No. of staff interviewed ar No. of residents interviewed No. of others interviewed	ed and/or observed	18 27		
Medication pass / sim	nulated pass observed? Yes $igtigtigtigtigtigtigtigtigtigt$	No 🗌 If no, explain.		
<ul> <li>Medication(s) and medication records(s) reviewed? Yes   No ☐ If no, explain.</li> </ul>				
<ul> <li>Resident funds and associated documents reviewed for at least one resident? Yes \( \subseteq \text{No} \subseteq \text{If no, explain. No resident funds held.} \)</li> <li>Meal preparation / service observed? Yes \( \subseteq \text{ No} \subseteq \text{ If no, explain.} \)</li> </ul>				
<ul> <li>Fire drills reviewed? Yes ☐ No ☒ If no, explain. Bureau of Fire Services reviews fire drills. The disaster plan was reviewed. Staff interviewed regarding the 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: CAF dated 11/18/2021 to Renewal LSR dated 11/5/2021: R 325.1923(2)</li> <li>Number of excluded employees followed up? Four N/A ☐</li> </ul>				

#### 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 facility's July and August 2023 staff schedules revealed there was lack a designated supervisor of resident care for each shift. For example, the staff schedule dated 8/5/2023 lacked designation of supervisor of resident care for shifts 6:00 AM to 2:30 PM and 10:00 PM to 6:30 AM.

#### **VIOLATION ESTABLISHED.**

R 325.1931 Employees; general provisions.

- (6) The home shall establish and implement a staff training program based on the home's program statement, the residents service plans, and the needs of employees, such as any of the following:
  - (a) Reporting requirements and documentation.
  - (b) First aid and/or medication, if any,
  - (c) Personal care.
  - (d) Resident rights and responsibilities.
  - (e) Safety and fire prevention.
- (f) Containment of infectious disease and standard precautions.
  - (g) Medication administration, if applicable.

Review of Employees #1 and #2 training records revealed they were incomplete.

For example, review of Employee #1's file revealed her date of hire was 6/24/2023. The file read she received medication training on 6/24/2023. Employee #1's file read she completed *Relias* trainings titled *About Alzheimer's Disease and Dementia*, *All About Documentation*, *Abuse, Neglect, and Exploitation Self-Paced*, and *Actions and Interactions of Common Medications* on 6/30/2023. Employee #1's file read *Relias* trainings were assigned and due on 7/8/2023 which included but were not limited to *Essentials of Residents Rights*, *Resident Rights in Assisted Living*, *Fire Safety: The Basics, Infection Control Resources*; however, they had not been documented as completed at the time of inspection.

Review of Employee #2's file revealed she was hired 6/23/2023. The file read Employee #2's Relias trainings were assigned and due on 7/7/2023 in which lacked a date of completion for the following trainings including but not limited to Infection Control Resources, About Infection Control and Prevention, Fire Safety: The Basics, Infection Control: Basic Concepts Self-Paced, About Alzheimer's Disease and Dementia, All About Documentation, Abuse, Neglect, and Exploitation Self-Paced, and Essentials of Residents Rights, Knowing the Rights of Residents, Psychotropic Medications: Antipsychotics and Beyond.

#### **VIOLATION ESTABLISHED.**

R 325.1921 Governing bodies, administrators, and supervisors.

- (1) The owner, operator, and governing body of a home shall do all of the following:
- (b) Assure that the home maintains an organized program to provide room and board, protection, supervision, assistance, and supervised personal care for its residents.

Interview with Employee #3 revealed medication technicians were to conduct a narcotic count at the change of each shift in which they would sign the narcotic count book coming onto their shift and leaving their shift that the narcotic counts were completed and correct. Observations of the assisted living narcotic count log book revealed staff did not always sign that the narcotic counts were completed. For example, on the following dates and shifts the narcotic count was left blank:

8/3/2023: afternoon

8/4/2023: day, afternoon, and midnight

8/5/2023: midnight

Thus, the facility lacked an organized program to ensure narcotic counts were completed.

#### **VIOLATION ESTABLISHED.**

R 325.1932 Resident medications.

(2) The giving, taking, or applying of prescription medications shall be supervised by the home in accordance with the resident's service plan.

Review of Residents A and B's medication administration records (MARs) revealed as needed medications were not always administered per the prescribed licensed healthcare professional's orders.

For example, Resident A's MARs read she was prescribed Acetaminophen-Codeine #3, take one or two tablets by mouth every six hours as needed for pain and staff documented the reason for administration was "aggression" on 7/27/2023.

For example, Resident B's MARS read she was prescribed Lorazepam, take one tablet by mouth every four hours as needed for anxiety and staff documented the reason for administration was "aggression" on 7/19/2023.

#### **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.

Inspection of the assisted living janitor closet revealed it lacked adequate and discernable airflow.

Inspection of the memory care laundry room revealed two trash cans in which there was lack of adequate and discernable airflow to control odors.

#### **VIOLATION ESTABLISHED.**

#### IV. RECOMMENDATION

Contingent upon red	ceipt of an acceptal	ble corrective ac	ction plan, renev	val of the license
is recommended.				

Jossica Rogers	08/09/2023
Licensing Consultant	Date