



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

MARLON I. BROWN, DPA  
ACTING DIRECTOR

September 13, 2023

Jordan Houston  
Townehall Place of West Bloomfield  
4460 Orchard Lake Road  
West Bloomfield, MI 48323

RE: License #: AH630378427  
Investigation #: 2023A0784080  
Townehall Place of West Bloomfield

Dear Jordan Houston:

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. 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 responsible party and a date.

Please review the enclosed documentation for accuracy and contact me with any questions. If I am not available, and you need to speak to someone immediately, please contact the local office at (517) 284-9730.

Sincerely,

A handwritten signature in cursive script that reads "Aaron L. Clum".

Aaron Clum, Licensing Staff  
Bureau of Community and Health Systems  
611 W. Ottawa Street  
P.O. Box 30664  
Lansing, MI 48909  
(517) 230-2778

enclosure

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

**I. IDENTIFYING INFORMATION**

<b>License #:</b>	AH630378427
<b>Investigation #:</b>	2023A0784080
<b>Complaint Receipt Date:</b>	08/02/2023
<b>Investigation Initiation Date:</b>	08/02/2023
<b>Report Due Date:</b>	10/01/2023
<b>Licensee Name:</b>	Orchard Lake Senior Care, LLC
<b>Licensee Address:</b>	1000 Legion Place Suite 1600 Orlando, FL 32801
<b>Licensee Telephone #:</b>	(407) 999-2400
<b>Administrator/Authorized Representative:</b>	Jordan Houston
<b>Name of Facility:</b>	Townehall Place of West Bloomfield
<b>Facility Address:</b>	4460 Orchard Lake Road West Bloomfield, MI 48323
<b>Facility Telephone #:</b>	(248) 683-1010
<b>Original Issuance Date:</b>	11/16/2015
<b>License Status:</b>	REGULAR
<b>Effective Date:</b>	05/16/2023
<b>Expiration Date:</b>	05/15/2024
<b>Capacity:</b>	75
<b>Program Type:</b>	AGED

## II. ALLEGATION(S)

	<b>Violation Established?</b>
The lacks adequate staffing	Yes
Additional Findings	No

## III. METHODOLOGY

08/02/2023	Special Investigation Intake 2023A0784080
08/02/2023	Special Investigation Initiated - Letter APS Referral
08/02/2023	APS Referral
08/03/2023	Inspection Completed On-site
08/03/2023	Exit Conference Conducted with Tasheona Beard

### **ALLEGATION:**

**The facility lacks adequate staffing**

### **INVESTIGATION:**

On 8/02/2023, the department received this online complaint. Due to the anonymous nature of the complaint, additional information could not be obtained. A referral was made to adult protective services (APS)

According to the complaint, the facility is consistently short staffed. The third floor has been left unattended on many occasions during third shift due to the facility only scheduling two staff for that shift. No resident or staff names, date or time references were provided with this complaint.

On 8/03/2023, I conducted an onsite investigation at the facility. During the onsite, I walked through the entire facility. It is important to note that the facility consists of three licensed floors with residents residing on all three floors.

On 8/03/2023, I interviewed administrator Tasheona Beard at the facility. Ms. Beard stated that she usually has three to four staff on first shift with one staff member

-serving as a medication technician (med tech), three staff on second shift with one staff member serving as a med tech and two care staff on third shift with at least one able to pass medications as needed. Ms. Beard stated all med techs can provide cares when they are not administering medications, however the assigned med tech does pass medications for all three floors. Ms. Beard stated that the goal for staffing had previously been to have at least three care staff assigned specifically to provide cares on first and second shift, however, sometime in June, the company decided to reduce the staffing to the current expectation. Ms. Beard stated that for most days, the facility has still maintained four staff on first shift, but that Ms. Beard stated the facility recently lost their housekeeper and that care staff and administration are currently taking care of the housekeeping duties until a new housekeeper can be hired. Ms. Beard stated the facility currently has 32 residents with “30 in house” as two residents were currently at the hospital. Ms. Beard stated that during the admission process, residents are assessed for acuity and assigned a “care level” based on their needs which included assistance with activities of daily living (ADLs) such as assistance with transfers, brief changes and toileting, ambulation, bathing and grooming. Ms. Beard stated the care levels range from one to five with one representing residents with the least amount of required assistance and five representing residents with the most amount of required assistance. Ms. Beard stated the facility maintains a care level chart which shows each resident's care level. Ms. Beard stated there are approximately ten residents on each floor currently in the building.

I reviewed the facilities resident census, provided by Ms. Beard, which read consistently with Ms. Beard's statements. According to the census, the facility houses 11 residents on the first floor, 11 on the second floor and 10 on the third floor. Ms. Beard stated that to her current recollection, there are at least two residents, Residents A and B, on the first floor who require a two person assist for transfers, two on the second floor, Residents C and D, who require a two person assist for transfers, with Resident C requiring a Hoyer lift, and two residents on the third floor, Residents E and F, who require a two person assist for transfers, with both of those residents requiring a Hoyer lift.

I reviewed the “as worked” staff schedules for May, June and July 2023, provided by Ms. Beard. The May schedule read consistently with Ms. Beard's statements revealing the majority of first and second shifts having at least four staff working except for first shift on 5/12/2023, 5/13/2023, 5/19/2023, 5/26/2023 and 5/27/2023, which had three staff working and second shift on 5/13/2023 which also had three staff working. The May schedule revealed that the facility had two staff working on third shift for each day, except for 5/13/2023, which revealed only one staff member worked that shift. The June schedule read consistently with Ms. Beard's statements revealing that each first shift had four staff working with the majority of second shift having four staff working except for 6/13/2023, 6/20/2023, 6/21/2023, 6/28/2023 and 6/31/2023 with three staff working. The June schedule revealed that the that only two staff worked each third shift except for on 6/20/2023 which revealed only one staff worked that shift. The July schedule read consistently with Ms. Beard's

statements with at least four staff working on each first shift except for 7/04/2023, 7/05/2023, 7/11/2023, 7/13/2023 and 7/29/2023 which indicated three staff worked those shifts and 7/06/2023 which revealed only two staff worked on that first shift. The second shift schedule in July indicated three staff worked each of those days. The July schedule revealed every third shift had two staff working except for 7/06/2023 which indicated only one staff worked that shift.

I reviewed the facilities *Care Levels* chart, provided by Ms. Beard. Review of the chart indicated there are nine residents requiring a level 5 care which include Residents B and G on the first floor, Residents C, D, H, I and J on the second floor and Residents F and K on the third floor. The chart indicated there are seven residents requiring a level 4 care which include Residents A and O on the first floor, Residents P, Q and L on the second floor and Resident M on the third floor. Of the 32 residents listed on the census, all but three, were identified as requiring at least a level two or above level of care.

I reviewed resident service plans, provided by Ms. Beard. Plans for Residents A through F read consistently with statements provided by Ms. Beard. Review of plans for Resident A through T revealed that of these 20 residents, all but three, Residents R, S and T, required at least one staff and in many cases two, for multiple ADL's including bathing, toileting, and grooming.

<b>APPLICABLE RULE</b>	
<b>R 325.1931</b>	<b>Employees; general provisions.</b>
	<b>(5) The home shall have adequate and sufficient staff on duty at all times who are awake, fully dressed, and capable of providing for resident needs consistent with the resident service plans.</b>

<b>ANALYSIS:</b>	<p>The complaint alleged the facility was consistently short staffed and that, specifically, third shift often only has two scheduled staff and that due to this, the third floor is left unattended. The facility is comprised of three floors. An onsite inspection confirmed that the facility currently houses residents on each of the three licensed floors with 11 residents on the first floor, 11 on the second floor and 10 on the third floor. When interviewed, the administrator, Tasheona Beard reported that the facility has been scheduling four staff on first shift, with one being dedicated to med passing as needed, three on second shift, with one being dedicated to med passing as needed and two on second shift, with at least one staff member able to pass medications. Review of staff “as worked” schedules confirmed Ms. Beard’s statements. Review of the facility’s care level chart revealed that at least 20 residents, spread throughout each floor, were classified as at least a level 4 or 5 care, which Ms. Beard described as the highest level of care as it pertains to ADL’s and that almost all residents, except for three, classified as a level 2 and above. Of the 20 residents classified as a level 4 or 5, almost all, except for three, required at least one staff member for assistance with ADLs such as toileting, bathing and grooming. Given that the facility consists of three floors and consists of numerous residents on each floor requiring a high level of care, it is reasonable to expect that, at the very least, each floor would have a care staff dedicated solely to providing care at any given time. The investigation revealed that on at least a few occasions over the course of three months, the facility was short staffed according to its own internal expectations. While it was reported that med techs can provide care when not passing meds, for at least a portion of time during second shift, only two staff members are solely dedicated to providing care during time of day normative for activity. Additionally, the investigation confirmed the specific allegation that the facility has only maintained two staff on third shift which reasonably presumes that at least one floor during third shift, which may vary depending on when staff complete rounds, is left completely unattended. Additionally, given that several residents require two staff for assistance with toileting, it is also reasonable to presume that, at some points in time, the facility likely would have two floors during the third shift left completely unattended. Based on the findings, the facility is not compliant with this rule.</p>
<b>CONCLUSION:</b>	<b>VIOLATION ESTABLISHED</b>

**IV. RECOMMENDATION**

Upon receipt of an acceptable corrective action plan, it is recommended that the status of the license remain unchanged.

*Aaron L. Clum*

9/13/2023

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Aaron Clum  
Licensing Staff

Date

Approved By:

*Andrea L. Moore*

09/13/2023

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

Date