



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
ACTING DIRECTOR

October 18, 2023

Kimberlee Waddell
NRM LLC
17187 N. Laurel Park Dr.
Suite 160
Livonia, MI 48152

RE: License #: AS630414664
Westwood
24771 Westmoreland
Farmington Hills, MI 48334

Dear Ms. Waddell:

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 or licensee designee or home for the aged authorized representative and a date.

Upon receipt of an acceptable corrective plan, a regular license will be issued. If you fail to submit an acceptable corrective action plan, disciplinary action will result.

Please contact me with any questions. In the event that I am not available and you need to speak to someone immediately, you may contact the local office at (248) 975-5053.

Sincerely,

A handwritten signature in black ink that reads "Cindy Berry". The signature is written in a cursive style with a large, looping "C" and "B".

Cindy Berry, Licensing Consultant
Bureau of Community and Health Systems
3026 West Grand Blvd
Cadillac Place, Ste 9-100
Detroit, MI 48202
(248) 860-4475

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

I. IDENTIFYING INFORMATION

License #: AS630414664

Licensee Name: NRMI LLC

Licensee Address: 17187 N. Laurel Park Dr.
Suite160
Livonia, MI 48152

Licensee Telephone #: (734) 646-1603

Licensee Designee: Kimberlee Waddell

Administrator: Kimberlee Waddell

Name of Facility: Westwood

Facility Address: 24771 Westmoreland
Farmington Hills, MI 48334

Facility Telephone #: (734) 646-4603

Original Issuance Date: 04/14/2023

Capacity: 4

Program Type: PHYSICALLY HANDICAPPED
TRAUMATICALLY BRAIN INJURED

II. METHODS OF INSPECTION

Date of On-site Inspection(s): 10/16/2023

Date of Bureau of Fire Services Inspection if applicable: N/A

Date of Health Authority Inspection if applicable: N/A

No. of staff interviewed and/or observed 2

No. of residents interviewed and/or observed 1

No. of others interviewed 0 Role: N/A

- Medication pass / simulated pass observed? Yes No If no, explain.
- Medication(s) and medication record(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.
There was no meal preparation/service provided at the time the on-site inspection was conducted.
- Fire drills reviewed? Yes No If no, explain.
- Fire safety equipment and practices observed? Yes No If no, explain.
- E-scores reviewed? (Special Certification Only) Yes No N/A
If no, explain.
- Water temperatures checked? Yes No If no, explain.
- Incident report follow-up? Yes No If no, explain.
- Corrective action plan compliance verified? Yes CAP date/s and rule/s:
N/A
- Number of excluded employees followed-up? N/A
- Variances? Yes (please explain) No N/A

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

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

R 400.14301 Resident admission criteria; resident assessment plan; emergency admission; resident care agreement; physician's instructions; health care appraisal.

(4) At the time of admission, and at least annually, a written assessment plan shall be completed with the resident or the resident's designated representative, the responsible agency, if applicable, and the licensee. A licensee shall maintain a copy of the resident's written assessment plan on file in the home.

Resident A, Resident B, and Resident C's assessment plans were not signed by their designated representatives.

R 400.14301 Resident admission criteria; resident assessment plan; emergency admission; resident care agreement; physician's instructions; health care appraisal.

(8) A copy of the signed resident care agreement shall be provided to the resident or the resident's designated representative. A copy of the resident care agreement shall be maintained in the resident's record.

Resident A and Resident C's resident care agreements were maintained in their resident files but were not signed by their designated representatives.

R 400.14310 Resident health care.

(3) A licensee shall record the weight of a resident upon admission and monthly thereafter. Weight records shall be kept on file for 2 years.

- Resident B's weight was not documented for the months of May 2023, and June 2023.
- Resident C's weight was not documented for the month of September 2023.
- Resident D's weight was not documented for the months of April 2023, May 2023, and June 2023.

R 400.14312

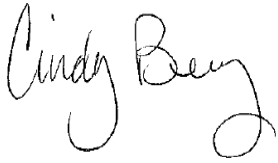
Resident medications.

(2) Medication shall be given, taken, or applied pursuant to label instructions.

- Resident A's medication Mupirocin 2% ointment was listed on the October 2023 medication administration record (MAR) but was not available for review. It was documented on the MAR that Resident A did not receive the medication on 10/13/2023 thru 10/16/2023 as she had run out. The medication was not ordered for refill until 10/16/2023.
- Resident A's medication Benefiber pack was listed on the October 2023 MAR but was not available for review. It was documented on the MAR that the medication was ordered on 9/1/2023 and Resident A has not received it since that time.
- Resident A's medication PreviDent 5000 toothpaste was listed on the October 2023 MAR but was not available for review. It was documented on the MAR that Resident A did not receive the medication on 10/13/23 thru 10/16/2023 as she had run out. The medication was not ordered until 10/16/2023.
- Resident A's medication Vitamin D2 50000 Cap twice weekly for 12 weeks remained listed on the MAR, but the medication was no longer needed.
- Resident B's medication Oxybutynin 15 mg was listed on the October 2023 MAR but was not available for review. It was documented on the MAR that Resident B did not receive the medication on 10/12/2023 thru 10/15/2023 as he had run out. The medication was ordered on 10/12/2023 but was not received.
- Resident C's medication Hydrochlorothiazide 25 mg was listed on the October 2023 MAR but was not available for review. It was ordered on 10/09/2023 and documented on the MAR that the insurance company rejected the order. There was no documentation on the MAR that the physician was notified, and a new order was placed.

IV. RECOMMENDATION

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



10/17/20023

Cindy Berry
Licensing Consultant

Date