



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

MARLON I. BROWN, DPA  
ACTING DIRECTOR

November 22, 2023

Lorenzo Cavaliere  
Belmar Oakland  
5990 Adams Road  
Troy, MI 48098

RE: License #: AH630369651  
Belmar Oakland  
5990 Adams Road  
Troy, MI 48098

Dear Lorenzo Cavaliere:

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 action plan, a regular license will be issued. 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 feel free to 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  
RENEWAL INSPECTION REPORT**

**I. IDENTIFYING INFORMATION**

|                                   |  |
|-----------------------------------|--|
| <b>License #:</b>                 | AH630369651  |
| <b>Licensee Name:</b>             | Windemere Park of Troy Operations LLC              |
| <b>Licensee Address:</b>          | 30078 Schoenherr Rd. Suite 300<br>Warren, MI 48088 |
| <b>Licensee Telephone #:</b>      | (586) 563-1500                                     |
| <b>Authorized Representative:</b> | Lorenzo Cavaliere                                  |
| <b>Administrator:</b>             | Tracey Ryckman                                     |
| <b>Name of Facility:</b>          | Belmar Oakland                                     |
| <b>Facility Address:</b>          | 5990 Adams Road<br>Troy, MI 48098                  |
| <b>Facility Telephone #:</b>      | (248) 602-2400                                     |
| <b>Original Issuance Date:</b>    | 05/02/2016   |
| <b>Capacity:</b>                  | 69   |
| <b>Program Type:</b>              | AGED<br>ALZHEIMERS                                 |

## II. METHODS OF INSPECTION

Date of On-site Inspection(s): 11/21/2023

Date of Bureau of Fire Services Inspection if applicable: 7/05/2023

Inspection Type:  Interview and Observation  Worksheet  
 Combination

Date of Exit Conference: 11/21/2023

No. of staff interviewed and/or observed 8  
No. of residents interviewed and/or observed 20  
No. of others interviewed N/A Role

- 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. Facility does not maintain resident funds
- Meal preparation / service observed? Yes  No  If no, explain.
- Fire drills reviewed? Yes  No  If no, explain.  
Facility was unable to provide documentation of fire drills
- Water temperatures checked? Yes  No  If no, explain.  
Facility was unable to provide documentation of monitored water temperatures
- Incident report follow-up? Yes  IR date/s: N/A
- Corrective action plan compliance verified? Yes  CAP date/s and rule/s:  
SI#2021A1026027:20201(2)(b)/1924(1) - SI#2023A1027059:1932(1)
- Number of excluded employees followed up? 3 N/A

### III. DESCRIPTION OF FINDINGS & CONCLUSIONS

|  |   |
|--|---|
| <b>This facility was found to be in non-compliance with the following rules:</b>   |   |
| <b>R 325.1917</b>  | <b>Compliance with other laws, codes, and ordinances.</b>   |
|  | <b>(2) A home shall comply with the department's health care facility fire safety rules being R 29.1801 to R 29.1861 of the Michigan Administrative Code.</b>   |
| Upon request, the facility was unable to provide documented evidence of completed quarterly fire safety drills for the facility.   |   |
| <b>R 325.1922</b>  | <b>Admission and retention of residents.</b>  |
|  | <b>(5) A home shall update each resident's service plan at least annually or if there is a significant change in the resident's care needs.</b>   |
| <b>For Reference:<br/>R 325.1901</b>   | <b>Definitions</b>  |
|  | <b>(t) "Service plan" means a written statement prepared by the home in cooperation with a resident, the resident's authorized representative, or the agency responsible for a resident's placement, if any, that identifies the specific care and maintenance, services, and resident activities appropriate for the individual resident's physical, social, and behavioral needs and well-being, and the methods of providing the care and services while taking into account the preferences and competency of the resident.</b> |
| Review of service plans for Residents A, B and C revealed the plans did not include adequate information to identify the specific care and maintenance required for each resident. |   |
| <b>R 325.1922</b>  | <b>Admission and retention of residents.</b>  |
|  | <b>(7) An individual admitted to residence in the home shall have evidence of tuberculosis screening on record in the home which consists of an intradermal skin test, chest x-ray, or other methods recommended by the local health authority performed within 12 months before admission. Initial screening may consist of an intradermal skin test, a blood test, a chest x-ray, or other methods recommended by the public health authority. The screening type and frequency of routine tuberculosis (TB) testing shall be</b> |

|                   |   |
|-------------------|---|
|                   | <p>determined by a risk assessment as described in the 2005 MMWR “Guidelines for Preventing the Transmission of Mycobacterium tuberculosis in Health-Care Settings, 2005” (<a href="http://www.cdc.gov/mmwr/pdf/rr/rr5417.pdf">http://www.cdc.gov/mmwr/pdf/rr/rr5417.pdf</a>), Appendices B and C, and any subsequent guidelines as published by the centers for disease control and prevention. A home, and each location or venue of care, if a home provides care at multiple locations, shall complete a risk assessment annually. Homes that are low risk do not have to conduct annual TB testing for residents.</p>  |
|                   | <p>Review of records for Resident C revealed her T.B. screening was completed on 9/25/2019, one day after the date she move into the facility on 9/24/2019. Additionally, Upon request, the facility was unable to provide an annual T.B. risk assessment. When interviewed, administrator Tracey Ryckman stated a T.B. Risk assessment had not been completed.</p>   |
| <b>R 325.1923</b> | <b>Employee's health.</b>   |
|                   | <p>(2) A home shall provide initial tuberculosis screening at no cost for its employees. New employees shall be screened within 10 days of hire and before occupational exposure. The screening type and frequency of routine tuberculosis (TB) testing shall be determined by a risk assessment as described in the 2005 MMWR Guidelines for Preventing the Transmission of Mycobacterium tuberculosis in Health-Care Settings, 2005 (<a href="http://www.cdc.gov/mmwr/pdf/rr/rr5417.pdf">http://www.cdc.gov/mmwr/pdf/rr/rr5417.pdf</a>), Appendices B and C, and any subsequent guidelines as published by the centers for disease control and prevention. Each home, and each location or venue of care, if a home provides care at multiple locations, shall complete a risk assessment annually. Homes that are low risk do not need to conduct annual TB testing for employees.</p> |
|                   | <p>Review of staff records revealed that Asscoiate 1 started working at the facility on 4/06/2022, prior to the completion of his T.B. screening on 4/07/2023. Additionally, Upon request, the facility was unable to provide an annual T.B. risk assessment. When interviewed, administrator Tracey Ryckman stated a T.B. Risk assessment had not been completed.</p>  |
| <b>R 325.1924</b> | <b>Reporting of incidents, accidents, elopement.</b>  |
|                   | <p>(1) A home for the aged must implement and maintain a quality review program consistent with section 20175(8) of</p>   |

|  |  |
|--|--|
|  | <b>the act, MCL 333.20175, and the professional review function.</b>   |
| The facility was unable to provide documentation to demonstrate the maintenance and implementation of a quality review program pertaining to incident reporting.   |  |
| <b>R 325.1954</b>  | <b>Meal and food records.</b>  |
|  | 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 facility meal census tracking documentation revealed the kitchen staff do not keep a record of the kind and amount of food used.   |  |
| <b>R 325.1970</b>  | <b>Water supply systems.</b>   |
|  | <b>(7) The temperature of hot water at plumbing fixtures used by residents shall be regulated to provide tempered water at a range of 105 to 120 degrees Fahrenheit.</b>               |
| Upon request, the facility was unable to provide water temperature tracking documentation to demonstrate regulation of resident hot water and plumbing fixtures.   |  |
| <b>R 325.1979</b>  | <b>General maintenance and storage.</b>  |
|  | (3) Hazardous and toxic materials shall be stored in a safe manner.  |
| Upon inspection of the memory care (MC) resident storage room, I observed the room to be packed full of multiple items including furniture accessories and wheelchairs. Amongst these items were two improperly stored oxygen tanks. Business office manager Catie Kungel was present with me during the inspection. When interviewed, Ms. Kungel stated the tanks were not supposed to be in this room and that the facility did have a proper storage room for oxygen tanks. Ms. Kungel showed me the oxygen tank storage room which was consistent with her statements. |  |

#### IV. RECOMMENDATION

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

*Aaron L. Clum*

11/22/2023

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Licensing Consultant

Date