



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

MARLON I. BROWN, DPA  
ACTING DIRECTOR

December 1, 2023

Rick Goren  
SJV 2 Northville OpCo LLC  
250 Vesey St, 15th Floor  
New York, NY 10281

RE: License #: AH820408530  
Brighton Gardens of Northville  
15870 N Haggerty Rd  
Plymouth, MI 48170

Dear Licensee:

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**

<b>License #:</b>	AH820408530
<b>Licensee Name:</b>	SJV 2 Northville OpCo LLC
<b>Licensee Address:</b>	15th Floor 250 Vesey St New York, NY 10281
<b>Licensee Telephone #:</b>	(703) 273-7500
<b>Administrator/Authorized Representative:</b>	Rick Goren
<b>Name of Facility:</b>	Brighton Gardens of Northville
<b>Facility Address:</b>	15870 N Haggerty Rd Plymouth, MI 48170
<b>Facility Telephone #:</b>	(734) 420-7917
<b>Original Issuance Date:</b>	06/18/2021
<b>Capacity:</b>	120
<b>Program Type:</b>	AGED ALZHEIMERS

## II. METHODS OF INSPECTION

Date of On-site Inspection(s): 11/28/2023

Date of Bureau of Fire Services Inspection if applicable: 12/7/2022, 3/1/2023

Inspection Type:  Interview and Observation  Worksheet  
 Combination

Date of Exit Conference: 12/04/2023

No. of staff interviewed and/or observed 12

No. of residents interviewed and/or observed 22

No. of others interviewed Two Role A resident's daughter and son-in-law

- 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. No resident funds held.
- Meal preparation / service observed? Yes  No  If no, explain.
- Fire drills reviewed? Yes  No  If no, explain.  
No, 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: CAP dated 1/3/2022 to Renewal Licensing Study Report (LSR) dated 12/08/2021: R 325.1921(1)(b), R 325.1922(7), and R 325.1923(2)
- Number of excluded employees followed up? 0 N/A

### **III. DESCRIPTION OF FINDINGS & CONCLUSIONS**

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

**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.**

**For Reference:  
R 325.1901**

**Definitions.**

**Rule 1. As used in these rules:**

**(p) "Protection" means the continual responsibility of the home to take reasonable action to ensure the health, safety, and well-being of a resident as indicated in the resident's service plan, including protection from physical harm, humiliation, intimidation, and social, moral, financial, and personal exploitation while on the premises, while under the supervision of the home or an agent or employee of the home, or when the resident's service plan states that the resident needs continuous supervision.**

At the time of inspection, three residents had bedside assistive devices called “halo rings.” I observed all three residents beside assistive devices in which Residents D and G had one halo ring, and Resident C had two halo rings. I observed all halo ring devices were affixed to the resident’s bed frame, and Residents C and G’s halo rings maintained black solid covers. Resident D's halo ring lacked a cover.

Employees #9 and #10 stated the manufacturing guidelines were not maintained for the devices. Employee #9 stated maintenance was supposed to check the devices; however, Employee #10 stated he was not checking the devices, but staff would let him know if they needed to be checked.

While on-site, I reviewed Residents C, D and G’s physician orders for the halo rings in which Resident D’s file lacked a physician order for the device.

Review of Residents C, D, and G’s service plans revealed they omitted or lacked sufficient information for specific care and maintenance of the halo rings. For example, the plans lacked specific use, care and maintenance including a means for the resident to summon staff, methods for on-going monitoring of the resident, methods of monitoring the equipment by trained staff for maintenance of the device and for monitoring measurements of gaps to protect the resident from the possibility of physical harm related to entrapment, entanglement, strangulation, etc.

On 12/4/2023, Interview with administrator Rick Goren revealed the facility’s bedside assistive device policy had not changed from the previous renewal inspection.

Given the observations listed above and the lack of an organized plan, the facility has not provided reasonable protective measures to ensure resident well-being and safety during the use of a bedside assistive device

**REPEAT VIOLATION ESTABLISHED.**

**[For reference, see Renewal Licensing Study Report (LSR) dated 12/08/2021; CAP dated 1/3/2022.]**

**R 325.1923            Employee's health.**

**(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? (<http://www.cdc.gov/mmwr/pdf/rr/rr5417.pdf>), 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.**

The facility lacked an annual tuberculosis (TB) risk assessment.

Review of Employees #2, #3, #4, #5 files revealed they lacked verification of TB screening within 10 days of hire and before occupational exposure.

**REPEAT VIOLATION ESTABLISHED.**

**[For reference, see Renewal Licensing Study Report (LSR) dated 12/08/2021; CAP dated 1/3/2022.]**

**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.**

Interview with Employee #8 revealed the staff designated as “leads” were the supervisors of resident care in which there were two leads on dayshift and one on nights. Review of the November 2023 staff schedule revealed it read consistent with statements from Employee #8, thus a violation was established for this rule.

**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.**

**For Reference:**

**R 325.1981**

**Disaster plans.**

**(3) Personnel shall be trained to perform assigned tasks in accordance with the disaster plan.**

**For Reference:**

**R 325.1932**

**Resident's medications.**

**(3) Staff who supervise the administration of medication for residents who do not self-administer shall comply with all of the following:**

**(a) Be trained in the proper handling and administration of the prescribed medication.**

**For Reference:**

**333.20178**

**Nursing home, home for the aged, or county medical care facility; description of services to patients or residents with Alzheimer's disease; contents; "represents to the public" defined.**

**Sec. 20178. (1) Beginning not more than 90 days after the effective date of the amendatory act that added this section, a health facility or agency that is a nursing home, home for the aged, or county medical care facility that represents to the public that it provides inpatient care or services or residential care or services, or both, to persons with Alzheimer's disease or a related condition shall provide to each prospective patient, resident, or surrogate decision maker a written description of the services provided by the health facility or agency to patients or residents with Alzheimer's disease or a related condition. A written description shall include, but not be limited to, all of the following:**

**(d) Staff training and continuing education practices.**

Review of employees training records revealed they lacked training consistent with these rules. For example, Employee #1's file lacked a caregiver checklist which included personal care training as well as medication administration. Employee #3's file lacked training regarding resident rights. Employee #4's file lacked a completed caregiver checklist in which some skills or tasks were left blank. Employee #5's file lacked a dated caregiver checklist in which it could not be determined when her training was completed. Employee #6's file lacked training regarding resident rights.

Additionally, Employees #1, #3, and #5 training records revealed they lacked training for fire safety.

**VIOLATION ESTABLISHED.**

**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.**

Review of residents October and November 2023 Medication Administration Records (MARs) revealed they did not always receive their medications as prescribed. For example, review of Resident A's October 2023 MAR revealed there were one or more medications left blank on 10/12/2023. Review of Resident B's October and November 2023 MARs read one or more medications were left blank on 10/3/2023, 10/5/2023, and 11/6/2023. It could not be determined if Residents A and B received their medications as prescribed.

Additionally, Resident F's October and November 2023 MARs read she was prescribed two as needed or PRN orders for Alprazolam 0.25 mg, take one tablet by mouth every 12 hours.

**VIOLATION ESTABLISHED.**

**R 325.1953            Menus.**

**(1) A home shall prepare and post the menu for regular and therapeutic or special diets for the current week. Changes shall be written on the planned menu to show the menu as actually served.**



Observations revealed the weekly regular menu was not posted. Additionally, the special and therapeutic diet weekly menus were dated Spring 2023.

**VIOLATION ESTABLISHED.**

**R 325.1964 Interiors.**

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

**(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.**

Observation of the 3<sup>rd</sup> floor public restroom and the north memory care restroom revealed they lacked adequate and discernable air flow.

Observation of the beauty salon revealed it lacked a vent to provide discernable air flow.

**VIOLATION ESTABLISHED.**

**R 325.1976 Kitchen and dietary.**

**(8) A reliable thermometer shall be provided for each refrigerator and freezer.**

Observation of the Southside Memory Care refrigerator and freezer revealed they both lacked a reliable thermometer.

**VIOLATION ESTABLISHED.**

**R 325.1981 Disaster plans.**

**(1) A home shall have a written plan and procedure to be followed in case of fire, explosion, loss of heat, loss of power, loss of water, or other emergency.**

Review of the disaster plan revealed it lacked a policy and procedure for explosions.

**VIOLATION ESTABLISHED.**

**333.20173a** Covered facility; employees or applicants for employment; prohibitions; criminal history check; procedure; conditional employment or clinical privileges; knowingly providing false information as misdemeanor; prohibited use or dissemination of criminal history information as misdemeanor; review by licensing or regulatory department; conditions of continued employment; failure to conduct criminal history checks as misdemeanor; storage and retention of fingerprints; notification; electronic web-based system; definitions.

**(13) The department of state police and the Federal Bureau of Investigation shall store and retain all fingerprints submitted under this section and provide for an automatic notification if and when subsequent criminal information submitted into the system matches a set of fingerprints previously submitted under this section. Upon such notification, the department of state police shall immediately notify the department and the department shall immediately contact each respective staffing agency or covered facility with which that individual is associated. Information in the database established under this subsection is confidential, is not subject to disclosure under the freedom of information act, 1976 PA 442, MCL 15.231 to 15.246, and shall not be disclosed to any person except for purposes of this act or for law enforcement purposes.**

Review of Employees #1, #2, #3, #4, #5, #6, and #7 files revealed they lacked a Workforce Background Check consistent with the Public Health Code.

**VIOLATION ESTABLISHED.**

**IV. RECOMMENDATION**

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

*Jessica Rogers*

12/04/2023

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Licensing Consultant

Date