



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

MARLON I. BROWN, DPA  
ACTING DIRECTOR

December 11, 2023

Michele Locricchio  
Anthology of Rochester Hills  
1775 S. Rochester Rd  
Rochester Hills, MI 48307

RE: License #: AH630398529

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 the home for the aged authorized representative and a date.

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 (517) 284-9730.

Sincerely,

A handwritten signature in blue ink, appearing to read "Elizabeth Gregory-Weil".

Elizabeth Gregory-Weil, Licensing Staff  
Bureau of Community and Health Systems  
611 W. Ottawa Street  
P.O. Box 30664  
Lansing, MI 48909  
(810) 347-5503

enclosure

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

**I. IDENTIFYING INFORMATION**

<b>License #:</b>	AH630398529
<b>Licensee Name:</b>	CA Senior Rochester Hills Operator, LLC
<b>Licensee Address:</b>	1775 S. Rochester Rd Rochester Hills, MI 48307
<b>Licensee Telephone #:</b>	(312) 248-2091
<b>Authorized Representative:</b>	Michele Locricchio
<b>Administrator:</b>	Joyce Nader
<b>Name of Facility:</b>	Anthology of Rochester Hills
<b>Facility Address:</b>	1775 S. Rochester Rd Rochester Hills, MI 48307
<b>Facility Telephone #:</b>	(248) 266-0356
<b>Original Issuance Date:</b>	05/13/2020
<b>Capacity:</b>	105
<b>Program Type:</b>	ALZHEIMERS AGED

## II. METHODS OF INSPECTION

Date of On-site Inspection(s): 12/05/2023

Date of Bureau of Fire Services Inspection if applicable: 01/07/2023

Inspection Type:  Interview and Observation  Worksheet  
 Combination

Date of Exit Conference: 12/05/2023

No. of staff interviewed and/or observed 18

No. of residents interviewed and/or observed 49

No. of others interviewed 0 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. The facility does not hold resident funds in trust.
- Meal preparation / service observed? Yes  No  If no, explain.
- Fire drills reviewed? Yes  No  If no, explain.  
The Bureau of Fire Services is responsible for reviewing fire drills, however facility disaster planning procedures were reviewed.
- 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 3/17/23, MCL 333.20201
- Number of excluded employees followed up? 4 N/A

### III. DESCRIPTION OF FINDINGS & CONCLUSIONS

This facility was found to be in non-compliance with the following rules administrative rules regulating home for the aged facilities:

**R 325.1922 Admission and retention of residents.**

**(7) An individual admitted to residence in the home shall have evidence of tuberculosis screening on record in the home that was 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 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. 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.**

Residents A and B did not receive TB testing prior to admission. Resident A was admitted on 3/31/22 and his TB test was dated 4/4/22. Resident B was admitted on 11/30/21 and her TB test was taken same day by facility staff after her arrival.

**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.**

Employees 1 and 2 did not have their TB tests completed within 10 days of hire. Employee 1 was hired on 3/8/22 and her T chest x-ray was dated 10/6/21. Employee 2 was hired on 4/26/21 and her TB screen was dated 8/23/22.

**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.**

Medication administration records (MAR) were reviewed for the previous five-week period and the following observations were made:

I observed Resident C's medications to be preset and left in her apartment unattended. Resident C's service plan reads that she "is not able to take medication without assistance." By leaving Resident C's medication in her apartment, staff cannot confirm that the medications were taken. Additionally, Resident C's MAR read "OTH" [other] for a 12/3/23 administration of Hydralazine. Administrator Joyce Nader attested that the medication was given but could not provide documentation to demonstrate that fact.

**R 325.1932          Resident medications**

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

**(v) The initials of the individual who administered the prescribed medication.**

Resident D's MAR was blank for his 11/3/23 administrations of Amlodipine and Losartan. Ms. Nader provided supporting documentation where staff attested to administering the medication but acknowledge that it was not documented.

**R 325.1954            Meal and food records.**

**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.**

The facility does not maintain a meal census. Employee 3 admitted that this practice is not followed.

**R 325.1972            Solid wastes.**

**All garbage and rubbish shall be kept in leakproof, nonabsorbent containers. The containers shall be kept covered with tight-fitting lids and shall be removed from the home daily and from the premises at least weekly.**

Numerous garbage cans throughout the facility did not have lids. Notably, none of the garbage cans in the commercial kitchen were covered.

**R 325.1976            Kitchen and dietary.**

**(6) Food and drink used in the home shall be clean and wholesome and shall be manufactured, handled, stored, prepared, transported, and served so as to be safe for human consumption.**

Ground beef patties were observed in the commercial kitchen's walk-in freezer that were not labeled, dated or sealed. The perishable items were in a plastic bag that was left uncovered and out in the open air.

#### IV. RECOMMENDATION

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



12/11/2023

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Elizabeth Gregory-Weil  
Licensing Consultant

Date