



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

MARLON I. BROWN, DPA  
ACTING DIRECTOR

January 25, 2024

LeeAnn Pennington  
Sanctuary at Bellbrook  
873 W Avon Rd.  
Rochester Hills, MI 48307

RE: License #: AH630236844

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. If you fail to submit an acceptable corrective action plan, disciplinary action will result. 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>	AH630236844
<b>Licensee Name:</b>	Mercy Services for Aging
<b>Licensee Address:</b>	873 W Avon Rd. Rochester Hills, MI 48307
<b>Licensee Telephone #:</b>	(248) 656-6300
<b>Authorized Representative and Administrator:</b>	LeeAnn Pennington
<b>Name of Facility:</b>	Sanctuary at Bellbrook
<b>Facility Address:</b>	873 W Avon Rd. Rochester Hills, MI 48307
<b>Facility Telephone #:</b>	(248) 656-3239
<b>Original Issuance Date:</b>	05/01/1999
<b>Capacity:</b>	54
<b>Program Type:</b>	AGED

## II. METHODS OF INSPECTION

Date of On-site Inspection(s): 01/25/2024

Date of Bureau of Fire Services Inspection if applicable: 09/13/2023

Inspection Type:  Interview and Observation  Worksheet  
 Combination

Date of Exit Conference: 01/25/2024

No. of staff interviewed and/or observed 16

No. of residents interviewed and/or observed 27

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 reviews 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: N/A- all special investigations were full compliance and no CAPs were required.
- Number of excluded employees followed up? 6 N/A

### III. DESCRIPTION OF FINDINGS & CONCLUSIONS

<p>This facility was found to be in non-compliance with the following administrative rules regulating home for the aged facilities:</p>	
<b>R 325.1932</b>	<b>Resident medications.</b>
	<p><b>(2) The giving, taking, or applying of prescription medications shall be supervised by the home in accordance with the resident's service plan. 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.</b></p> <p><b>(3) Staff who supervise the administration of medication for residents who do not self-administer shall comply with all of the following:</b></p> <p style="padding-left: 40px;"><b>(b) Complete an individual medication log that contains all of the following information:</b></p> <p style="padding-left: 40px;"><b>(v) The initials of the individual who administered the prescribed medication.</b></p>
<p>Medication administration records (MAR) were reviewed for an eight-week period. The following observations were made:</p> <p>Resident A's MAR was blank on 12/21/23 for his 10:00pm dose of dicyclomine. Administrator and authorized representative LeeAnn Pennington reported that staff must initial the MAR when giving a medication and should document a reason whenever a medication is not given. Ms. Pennington could not confirm that the resident received the medication as prescribed on the date/time listed above because staff failed to document.</p>	
<b>R 325.1964</b>	<b>Interiors.</b>
	<b>(11) A doorway, passageway, corridor, hallway, or stairwell shall be kept free from obstructions at all times.</b>

<p>Facility staff were keeping multiple Hoyer lifts in resident occupied hallways, leaving the areas partially obstructed. Ms. Pennington stated that it is typical for Hoyer lifts to be kept outside the rooms of the residents who use them.</p>	
<b>R 325.1979</b>	<b>General maintenance and storage.</b>
	<b>(1) The building, equipment, and furniture shall be kept clean and in good repair.</b>
<p>A cabinet located in the “fountain view” room was broken and off its hinges. Two additional cabinets in the same room were missing knobs.</p>	

**IV. RECOMMENDATION**

Contingent upon approval of an acceptable corrective action plan and licensure fee payment, renewal of the license is recommended.



01/25/2024

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Elizabeth Gregory-Weil  
Licensing Consultant

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Date