



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
ACTING DIRECTOR

January 24, 2024

Anthology of Northville
44600 Five Mile Rd
Northville, MI 48168

RE: License #: AH820399661

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

License #:	AH820399661
Licensee Name:	CA Senior Northville Operator, LLC
Licensee Address:	44600 Five Mile Rd Northville, MI 48168
Licensee Telephone #:	(312) 994-1880
Authorized Representative:	VACANT
Administrator:	Nicole Lumberg
Name of Facility:	Anthology of Northville
Facility Address:	44600 Five Mile Rd Northville, MI 48168
Facility Telephone #:	(248) 697-2900
Original Issuance Date:	08/12/2020
Capacity:	103
Program Type:	ALZHEIMERS AGED

II. METHODS OF INSPECTION

Date of On-site Inspection(s): 01/11/2024

Date of Bureau of Fire Services Inspection if applicable: 11/06/2023- "C" rating

Inspection Type: Interview and Observation Worksheet
 Combination

Date of Exit Conference: 1/24/2024

No. of staff interviewed and/or observed 19

No. of residents interviewed and/or observed 51

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:
Corrective action plans were reviewed, however compliance was not verified and numerous repeat violations are referenced in this report.
- Number of excluded employees followed up? 3 N/A

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

<p>This facility was found to be in non-compliance with the following the public health code statutes and administrative rules regulating home for the aged facilities:</p>	
<p>MCL 333.20173a</p>	<p>Covered facility; employees or applicants for employment; prohibitions; criminal history check; procedure; conditional employment; 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; establishment of automated fingerprint identification system database; electronic web-based system; definitions.</p>
	<p>(3) An individual who applies for employment either as an employee or as an independent contractor or for clinical privileges with a staffing agency or covered facility and who has not been the subject of a criminal history check conducted in compliance with this section shall give written consent at the time of application for the department of state police to conduct a criminal history check under this section, along with identification acceptable to the department of state police. If the applicant has been the subject of a criminal history check conducted in compliance with this section, the applicant shall give written consent at the time of application for the covered facility or staffing agency to obtain the criminal history record information as prescribed in subsection (4) from the relevant licensing or regulatory department and for the department of state police to conduct a criminal history check under this section if the requirements of subsection (10) are not met and a request to the Federal Bureau of Investigation to make a determination of the existence of any national criminal history pertaining to the applicant is necessary, along with identification acceptable to the department of state police. Upon receipt of the written consent to obtain the criminal history record information and identification required under this subsection, the staffing agency or covered facility that has made a good faith offer of employment or an independent contract or clinical privileges to the applicant shall</p>

	<p>request the criminal history record information from the relevant licensing or regulatory department and shall make a request regarding that applicant to the relevant licensing or regulatory department to conduct a check of all relevant registries in the manner required in subsection (4). If the requirements of subsection (10) are not met and a request to the Federal Bureau of Investigation to make a subsequent determination of the existence of any national criminal history pertaining to the applicant is necessary, the covered facility or staffing agency shall proceed in the manner required in subsection (4). A staffing agency that employs an individual who regularly has direct access to or provides direct services to patients or residents under an independent contract with a covered facility shall submit information regarding the criminal history check conducted by the staffing agency to the covered facility that has made a good faith offer of independent contract to that applicant.</p>
--	--

Employee 1 was hired on 8/12/21, however the criminal background check on file was dated 10/11/23, more than two years after her hire date. Administrator Nicole Lumberg reported that she assumes that the discrepancy is due to Employee 1 being a rehire but could not provide evidence to support that belief.

R 325.1922

Admission and retention of residents.

(1) A home shall have a written resident admission contract, program statement, admission and discharge policy and a resident's service plan for each resident.

On 12/14/23, a bill of sale was issued between the current licensee CA Senior Northville Operator, LLC ("seller") and Storypoint Northville LLC ("buyer"). At the time of this report, the department has not approved or granted licensure to the buyer organization. Upon review of resident admission contracts, it was observed that Residents A and B have admission contracts directly with Storypoint Northville LLC and not the active licensee CA Senior Northville Operator, LLC. Presently, Residents A and B have contracts with an organization which does not hold the license, deeming the contracts invalid.

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

	<p>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.</p>
<p>Resident C moved into the facility on 6/21/19. Facility staff could not produce evidence of a completed TB screen within 12 months prior to her admission date.</p> <p>[REPEAT VIOLATION ESTABLISHED]</p>	
<p>R 325.1923</p>	<p>Employee's health.</p>
	<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 (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.</p>

Employee 1 was hired on 8/12/21, however her initial TB screen on file was dated 10/1023.

[REPEAT 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.

Medication administration records (MAR) were reviewed for the previous six weeks, and the following observations were made:

Resident D is prescribed mupirocin topical ointment and is instructed to have it applied three times daily along with ammonium lactate, which is to be applied daily. For both medications, the MAR instructs that they are to be administered by an outside service provider, therefore facility staff have not documented that the medications were administered during the time frame reviewed. In follow up correspondence with Employee 2, she reported that the outside service provider is Resident A's daughter, and that she comes to the facility "daily some weeks but mostly every other day". Based on this information, Resident D is not receiving either medication at the prescribed frequencies.

Resident E is prescribed banophen and is instructed to receive it twice daily. Staff documented that the medication was not administered for the evening doses on 12/26/24 and 12/27/24 but was administered for her morning dose on 12/27/24. When questioned as to why the medication was not given for the two evening doses, Employee 2 reported that staff were waiting on the pharmacy to deliver the medication. It is not reasonable to assume that the medication can be administered in-between dates and/or shifts that staff documented the medication was not available and Employee 2 admitted that staff falsely documented the 12/27/24 morning dose.

[REPEAT VIOLATION ESTABLISHED]

R 325.1935

Bedding, linens, and clothing.

(2) The home shall assure the availability of clean linens, towels, and washcloths. The supply shall be sufficient to meet the needs of the residents in the home. Individually designated space for individual towels and washcloths shall be provided.

The facility does not maintain an extra supply of linens and towels.	
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.
The posted menu was not for the current week, and only for the current day. [REPEAT VIOLATION ESTABLISHED]	
R 325.1976	Kitchen and dietary.
	(8) A reliable thermometer shall be provided for each refrigerator and freezer.
The memory care kitchenette refrigerator was missing a thermometer.	
R 325.1976	Kitchen and dietary.
	(15) Ice used in the home for any purpose shall be manufactured, stored, transported, and handled in a sanitary manner.
A mold like substance was observed inside the ice machine in the facility's commercial kitchen. There was an additional ice machine located in the movie theater which was not operational.	
R 325.1979	General maintenance and storage.
	(3) Hazardous and toxic materials shall be stored in a safe manner.
Hazardous and toxic materials (various cleaning agents and detergents) were found unsecured in the memory care kitchenette and movie theater. These items are an unnecessary ingestion and subsequent poisoning risk to those residents that lack safety awareness.	

IV. RECOMMENDATION

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



01/24/2024

Elizabeth Gregory-Weil
Licensing Consultant

Date