



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
ACTING DIRECTOR

March 01, 2024

Jennifer Garcia
Allegria Village
15101 Ford Road
Dearborn, MI 48126

RE: License #: AH820409060
Allegria Village
15101 Ford Road
Dearborn, MI 48126

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 the 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

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|---|--|
| License #: | AH820409060 |
| Licensee Name: | HFV Opco, LLC |
| Licensee Address: | Suite K 395 Pearsall Avenue Cedarhurst, NY 11516 |
| Licensee Telephone #: | (516) 371-9500 |
| Administrator/Authorized Representative: | Jennifer Garcia |
| Name of Facility: | Allegria Village |
| Facility Address: | 15101 Ford Road Dearborn, MI 48126 |
| Facility Telephone #: | (313) 584-1000 |
| Original Issuance Date: | 09/30/2021 |
| Capacity: | 132 |
| Program Type: | AGED ALZHEIMERS |

II. METHODS OF INSPECTION

Date of On-site Inspection(s): 02/27/2024

Date of Bureau of Fire Services Inspection if applicable: 09/28/2023

Inspection Type: Interview and Observation Worksheet
 Combination

Date of Exit Conference: 02/27/2024

No. of staff interviewed and/or observed 15

No. of residents interviewed and/or observed 23

No. of others interviewed One Role A resident's friend

- 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.
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 3/17/2022 to Renewal Licensing Study Report (LSR) dated 3/11/2022: R 325.1923(2), R 325.1932(1)
- CAP dated 12/27/2022 to SIR 2023A0784015 dated 12/15/2022: R 325.1942(3)(f)
- Number of excluded employees followed up? One 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.

(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.

Resident D's service plan updated on 4/15/2023 was incomplete and lacked specific care, maintenance, and instructions for staff to provide supervised personal care regarding bathing, dressing/undressing, personal hygiene/oral care, mobility, and behavioral needs if applicable.

VIOLATION ESTABLISHED.

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.

**For Reference:
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.

Interview with Ms. Garcia revealed the facility lacked an annual Tuberculosis (TB) risk assessment.

VIOLATION ESTABLISHED.

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 Ms. Garcia revealed the medication technicians located on each floor were supervisors; therefore, the facility lacked identification of one shift supervisor of resident care.

VIOLATION ESTABLISHED.

R 325.1932 Resident medications.

(1) A service plan must identify prescribed medication to be self-administered or managed by the home.

Residents A, B, C, D and F's service plans lacked identification of medication management to be managed by the home.

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 Resident B's January and February 2024 medication administration records (MARs) revealed one or more medications were left blank on the following dates 1/19/2024, 1/23/2024, 1/31/2024, 2/3/2024, 2/18/2024, and 2/20/2024. Additionally, the order for Resident B's as needed Tylenol read take two tablets by mouth every 6 hours as needed; however, lacked a reason for staff to necessitate administration of the medication, such as for pain or fever.

Review of Resident C's January and February 2024 MARs revealed one or more medications were left blank on the following date 2/25/2024. Additionally, her as needed medications, such as Lorazepam, lacked a reason for staff to necessitate administration, such as for anxiety.

Review of Resident E's January and February 2024 MARs revealed she was prescribed Ensure, drink one can once daily for supplement in which was documented as either "*medication not available*" and some comments read "*on hold per hospice*" from 1/1/2024 through 1/20/2024, 1/22/2024 through 2/2/2024, 2/5/2024 through 2/27/2024. It could not be determined why her Ensure was not administered as prescribed.

Review of Resident F's January and February 2024 MARs revealed one or more medications were left blank on the following dates 1/26/2024, 2/1/2024, 2/3/2024, and 2/22/2024. Resident F was prescribed Ketoconazole cream and an Allewyn foam dressing in which staff documented as not administered on several dates in both January and February 2024 and it could not be determined why the medication was not administered as prescribed.

Facility staff did not mark any reason for the missed medication doses, and they were left blank; therefore, it cannot be confirmed why the medication administration was not completed as prescribed. Scheduled medications were documented as not administered for several dates consecutively in which it could not be determined why they were also not administered as prescribed. Additionally, medication orders lacked reasons for staff to necessitate administration of as needed medications.

VIOLATION ESTABLISHED.

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.

Observation of the memory care refrigerator located in the activity room revealed various food items were stored in plastic bags as well as fruit on a plate that was covered but not dated. A sign in the refrigerator read all food must be dated.

VIOLATION ESTABLISHED.

R 325.1976 Kitchen and dietary.

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

Observation of residents' refrigerators in rooms 214 and 231 revealed they each lacked a thermometer.

VIOLATION ESTABLISHED.

R 325.1979 General maintenance and storage.

(3) Hazardous and toxic materials shall be stored in a safe manner.

Observation of oxygen tanks in room 231 revealed two oxygen tanks were free-standing and not secured in a holder.

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.**

Review of Employees #1 and #2 training records revealed they had completed training for medication administration, resident abuse, resident rights, and dementia; however, they had not completed training regarding reporting, personal care, safety and fire prevention, and infectious disease/standard precautions.

Review of Employee #3's training records revealed she completed training for resident abuse, resident rights, and dementia; however, had not completed training for reporting, safety and fire prevention, and infectious disease/standard precautions.

VIOLATION ESTABLISHED.

IV. RECOMMENDATION

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



03/01/2024

Date

Licensing Consultant