



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

MARLON I. BROWN, DPA  
DIRECTOR

April 3, 2024

Marie Wieland  
The Pines Of Burton Memory - South  
5340 Davison Road  
Burton, MI 48509

RE: License #: AH250382918  
The Pines Of Burton Memory - South  
5340 Davison Road  
Burton, MI 48509

Dear Marie Wieland:

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 licensee or licensee designee or home for the aged authorized representative and a date.

Please review the enclosed documentation for accuracy and contact me with any questions. If 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 cursive script that reads "Aaron Clum".

Aaron Clum, Licensing Staff  
Bureau of Community and Health Systems  
611 W. Ottawa Street  
P.O. Box 30664  
Lansing, MI 48909  
(517) 230-2778

enclosure

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

**I. IDENTIFYING INFORMATION**

<b>License #:</b>	AH250382918
<b>Licensee Name:</b>	Premier Operating Burton MC South, LLC
<b>Licensee Address:</b>	299 Park Ave - 6 Fl New York, NY 10171
<b>Licensee Telephone #:</b>	(212) 739-0794
<b>Authorized Representative:</b>	Marie Wieland
<b>Administrator:</b>	Matthew Brawner
<b>Name of Facility:</b>	The Pines Of Burton Memory - South
<b>Facility Address:</b>	5340 Davison Road Burton, MI 48509
<b>Facility Telephone #:</b>	(810) 743-8520
<b>Original Issuance Date:</b>	10/05/2017
<b>Capacity:</b>	23
<b>Program Type:</b>	ALZHEIMERS AGED

## II. METHODS OF INSPECTION

Date of On-site Inspection(s): 03/28/2024

Date of Bureau of Fire Services Inspection if applicable: 10/06/2023

Inspection Type:  Interview and Observation  Worksheet  
 Combination

Date of Exit Conference: 3/28/2024

No. of staff interviewed and/or observed 7  
No. of residents interviewed and/or observed 18  
No. of others interviewed N/A 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. Facility doesn't maintain resident funds
- Meal preparation / service observed? Yes  No  If no, explain.
- Fire drills reviewed? Yes  No  If no, explain.
- 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: SI#2021A1019051: 1923(2),1932(5) - SI#2022A1027048: 1944(2)
- Number of excluded employees followed up? N/A

**III. DESCRIPTION OF FINDINGS & CONCLUSIONS**

<b>This facility was found to be in non-compliance with the following rules:</b>	
<b>R 325.1922</b>	<b>Admission and retention of residents.</b>
	<b>(7) An individual admitted to residence in the home shall have evidence of tuberculosis screening on record in the home which consists of an intradermal skin test, chest x-ray, or other methods recommended by the local health authority 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" (<a href="http://www.cdc.gov/mmwr/pdf/rr/rr5417.pdf">http://www.cdc.gov/mmwr/pdf/rr/rr5417.pdf</a>), 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.</b>
<b>R 325.1942</b>	<b>Resident records.</b>
	<b>(3) The resident record shall include at least all of the following: (f) Health information, as required by MCL 333.20175(1), and other health information needed to meet the resident's service plan.</b>
Upon request, the facility was unable to provide a record of a completed initial T.B. screening for Residents A and B.	
<b>R 325.1923</b>	<b>Employee's health.</b>
	<b>(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</b>

	<p><b>Preventing the Transmission of Mycobacterium tuberculosis in Health-Care Settings, 2005</b> (<a href="http://www.cdc.gov/mmwr/pdf/rr/rr5417.pdf">http://www.cdc.gov/mmwr/pdf/rr/rr5417.pdf</a>), 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>
<b>R 325.1944</b>	<b>Employee records and work schedules.</b>
	<p><b>(1) A home shall maintain a record for each employee which shall include all of the following:</b>  <b>(g) Results of annual tuberculosis screening as required by R 325.1923(2).</b></p>
<p>Upon request, the facility was unable to provide a record of a completed initial T.B. screening for Associate 1.</p>	
<b>R 325.1944</b>	<b>Employee records and work schedules.</b>
	<p><b>(1) A home shall maintain a record for each employee which shall include all of the following:</b>  <b>(i) Criminal background information, consistent with MCL 333.20173.</b></p>
<p>Upon request, the facility as unable to provide a record of Associate 1's criminal background check as required by this rule.</p>	

**IV. RECOMMENDATION**

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

*David L. Clum*

4/03/2024

Licensing Consultant

Date