



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
DIRECTOR

April 9, 2024

Alina Deac
Briar Hill Assisted Living Inc.
5664 Kenilworth Street
Dearborn, MI 48126

RE: License #: AS630321065
Briar Hill Assisted Living
28225 Briar Hill Street
Farmington Hills, MI 48336

Dear Alina Deac:

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 and a date.

A six-month provisional license is recommended. If you do not contest the issuance of a provisional license, you must indicate so in writing; this may be included in your corrective action plan or in a separate document. If you contest the issuance of a provisional license, you must notify this office in writing and an administrative hearing will be scheduled. Even if you contest the issuance of a provisional license, you must still submit an acceptable corrective action plan within 15 days.

Please contact me with any questions. In the event that I am not available and you need to speak to someone immediately, you may contact the local office at (248) 975-5053.

Sincerely,

A handwritten signature in black ink that reads "Frodet Dawisha". The signature is written in a cursive, flowing style.

Frodet Dawisha, Licensing Consultant
Bureau of Community and Health Systems
3026 W. Grand Blvd.
Cadillac Place, Ste 9-100
Detroit, MI 48202
(248) 303-6348

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

I. IDENTIFYING INFORMATION

License #:	AS630321065
Licensee Name:	Briar Hill Assisted Living Inc.
Licensee Address:	5664 Kenilworth Street Dearborn, MI 48126
Licensee Telephone #:	(313) 574-8299
Administrator/Licensee Designee	Alina Deac
Name of Facility:	Briar Hill Assisted Living
Facility Address:	28225 Briar Hill Street Farmington Hills, MI 48336
Facility Telephone #:	(248) 987-2354
Original Issuance Date:	03/04/2013
Capacity:	6
Program Type:	ALZHEIMERS AGED

II. METHODS OF INSPECTION

Date of On-site Inspection(s): 04/03/2024

Date of Bureau of Fire Services Inspection if applicable: N/A

Date of Health Authority Inspection if applicable: N/A

No. of staff interviewed and/or observed 2

No. of residents interviewed and/or observed 3

No. of others interviewed 1 Role: licensee designee

- Medication pass / simulated pass observed? Yes No If no, explain.
- Medication(s) and medication record(s) reviewed? Yes No If no, explain.
- Resident funds and associated documents reviewed for at least one resident? Yes No If no, explain.
- Meal preparation / service observed? Yes No If no, explain.
- Fire drills reviewed? Yes No If no, explain.
- Fire safety equipment and practices observed? Yes No If no, explain.
- E-scores reviewed? (Special Certification Only) Yes No N/A
If no, explain.
- Water temperatures checked? Yes No If no, explain.
- Incident report follow-up? Yes No If no, explain.
- Corrective action plan compliance verified? Yes CAP date/s and rule/s:
N/A
- Number of excluded employees followed-up? N/A
- Variances? Yes (please explain) No N/A

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

This facility was found to be in non-compliance with the following rules:

R 400.14206	Staffing requirements.
	(2) A licensee shall have sufficient direct care staff on duty at all times for the supervision, personal care, and protection of residents and to provide the services specified in the resident's resident care agreement and assessment plan.

During the on-site inspection on 04/03/2024, I reviewed Resident A's assessment plan completed on 03/01/2024. Resident A is a two person assist; however, according to March 2024 and April 2024 staff schedule, there is only one staff per shift. There is insufficient direct care staff at all times to meet the supervision, personal care, and protection of Resident A.

R 400.14312	Resident medications.
	(4) When a licensee, administrator, or direct care staff member supervises the taking of medication by a resident, he or she shall comply with all of the following provisions: (b) Complete an individual medication log that contains all of the following information: (v) The initials of the person who administers the medication, which shall be entered at the time the medication is given.

During the on-site inspection on 04/03/2024, I reviewed Resident A's medication logs and found the following errors:

- **Mirtazapine Tab 15mg:** one and one-half tablets by mouth at bedtime was given at 8:00PM on 03/29/2024-03/31/2024, but staff did not initial the medication log.
- **Aspirin Chew 81MG:** chew one tablet by mouth once daily was given on 11/30/2023 at 8:00AM, but staff did not initial the medication log.
- **Clopidogrel Tab 75MG:** one tablet by mouth once daily HOLD if bleeding or falls was given at 8:00AM on 11/30/2023, but staff did not initial the medication log.
- **Diclofenac GEL 1%:** apply 2GM to affected area four times daily for pain was applied at 8:00AM, 12:00PM, 4:00PM, and 8:00PM on 11/30/2023, but staff did not initial the medication log.
- **Vitamin C Tab 500MG:** one tablet by mouth twice daily was given at 8:00AM and 8:00PM on 11/30/2023, but staff did not initial the medication log.
- **Xarelto Tab 20MG:** one tablet by mouth once daily with food was given at 8:00AM on 11/30/2024, but staff did not initial the medication log.

- **Pantoprazole Tab 20MG Protonix 20MG:** one tablet by mouth twice daily 30-60 minutes before meal was given at 8:00AM and 8:00PM on 11/30/2023, but staff did not initial the medication log.
- **Quetiapine-25MG-Tabs Seroquel 25MG:** one and one-half tablets by mouth at bedtime was given at 8:00PM on 11/30/2023, but staff did not initial the medication log.
- **Trazodone-50MG-Tabs:** one tablet by mouth at bedtime was given at 8:00PM on 11/30/2024, but staff did not initial the medication log.
- **Valproic Acid Sol 250/5ML:** 5ML by mouth every 12 hours was given at 8:00AM and 8:00PM on 11/30/2023, but staff did not initial the medication log.

REPEAT VIOLATION ESTABLISHED

Reference LSR dated 04/21/2022; CAP dated 04/27/2022

R 400.14312	Resident medications.
	(4) When a licensee, administrator, or direct care staff member supervises the taking of medication by a resident, he or she shall comply with all of the following provisions: (c) Record the reason for each administration of medication that is prescribed on an as needed basis.

During the on-site inspection on 04/03/2024, I reviewed Resident A's medication logs and found the following errors:

- **Acetaminophen 500MG Caplet:** one tablet by mouth three times daily as needed for pain or fever max dose 3g/24 hours all sources were given at 11AM and at 10PM from 10/01/2023-10/31/2023; at 8:00AM on 04/03/2023, and on 8:00AM from 04/05/2023-04/30/2023, but the reason for this as needed medication was not recorded.
- **Melatonin Tab 3MG:** one tablet by mouth at bedtime as needed for insomnia was given at 9PM from 04/01/2023-04/30/2023 and from 03/02/2023-03/31/2023, but the reason for this as needed medication was not recorded.
- **Quetiapine-25MG-Tabs Seroquel 25MG:** one tablet by mouth up to twice daily as needed for agitation, insomnia was given at 3:00PM from 04/01/2023-04/30/2023, but the reason for this as needed medication was not recorded.

REPEAT VIOLATION ESTABLISHED

Reference LSR dated 04/21/2022; CAP dated 04/27/2022

R 400.14312	Resident medications.
	(4) When a licensee, administrator, or direct care staff member supervises the taking of medication by a resident, he or she shall comply with all of the following provisions:

	(d) Initiate a review process to evaluate a resident's condition if a resident requires the repeated and prolonged use of a medication that is prescribed on an as needed basis. The review process shall include the resident's prescribing physician, the resident or his or her designated representative, and the responsible agency.
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During the on-site inspection on 04/03/2023, I reviewed Resident A's medication logs and found the following errors:

- **Acetaminophen 500MG Caplet:** one tablet by mouth three times daily as needed for pain or fever max dose 3g/24 hours were given repeatedly at 11AM and at 10PM from 10/01/2023-10/31/2023; at 8:00AM on 04/03/2023, and on 8:00AM from 04/05/2023-04/30/2023, but a review process for the prolonged use of this as needed medication was not initiated with the prescribing physician.
- **Melatonin Tab 3MG:** one tablet by mouth at bedtime as needed for insomnia was given at 9PM from 04/01/2023-04/30/2023 and from 03/02/2023-03/31/2023, but a review process for the prolonged use of this as needed medication was not initiated with the prescribing physician.
- **Quetiapine-25MG-Tabs Seroquel 25MG:** one tablet by mouth up to twice daily as needed for agitation, insomnia was given at 3:00PM from 04/01/2023-04/30/2023, but a review process for the prolonged use of this as needed medication was not initiated with the prescribing physician.

R 400.14318	Emergency preparedness; evacuation plan; emergency transportation.
	(5) A licensee shall practice emergency and evacuation procedures during daytime, evening, and sleeping hours at least once per quarter. A record of the practices shall be maintained and be available for department review.

During the on-site inspection on 04/03/2024, I reviewed the 2023 and 2024 fire drills and found that the day and sleep drills were not completed in the first quarter of 2023; the day and evening drills were not completed in the second quarter of 2023; the evening and sleep drills were not completed in the third quarter of 2023; a day drill was not completed in the fourth quarter of 2023 and a sleep drill in the first quarter of 2024.

REPEAT VIOLATION ESTABLISHED

Reference LSR dated 04/21/2022; CAP dated 04/27/2022

R 400.14509	Means of egress; wheelchairs.
	(2) The slope of the ramp shall not be more than 1 foot of rise in 12 feet of run and shall terminate on a firm surface or solid

	unobstructed ground which will allow the wheelchair occupant to move a safe distance away from the building. Ramps shall have handrails on the open sides and be constructed in accordance with the requirements specified in Section 816.0 of the BOCA National Building Code, 1990, eleventh edition.
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During the on-site inspection on 04/03/2024, the wheelchair ramp in the front of the home was not on solid unobstructed ground as a portion of the cement was raised, being a safety hazard to the residents.

R 400.14511	Flame-producing equipment; enclosures.
	(2) Heating plants and other flame-producing equipment located on the same level as the residents shall be enclosed in a room that is constructed of material which has a 1-hour-fire-resistance rating, and the door shall be made of 1 3/4-inch solid core wood. The door shall be hung in a fully stopped wood or steel frame and shall be equipped with an automatic self-closing device and positive-latching hardware.

During the on-site inspection on 04/03/2024, the gas dryer located on the same level as the residents was not equipped with an automatic self-closing device and positive-latching hardware.

IV. RECOMMENDATION

Contingent upon receipt of an acceptable corrective action plan, issuance of a provisional license is recommended.

Frodet Dawisha

04/04/2024

Frodet Dawisha
Licensing Consultant

Date

Approved by:

Denise Y. Nunn

04/09/2024

Denise Y. Nunn
Area Manager

Date