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GOVERNOR

# STATE OF MICHIGAN DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS LANSING

MARLON I. BROWN, DPA DIRECTOR

May 1, 2024

Ellen Byrne Commonwealth Senior Living at North Byron 5812 Village Dr SW Wyoming, MI 48519

RE: License #: AH410402896

Commonwealth Senior Living at North Byron

5812 Village Dr SW Wyoming, MI 48519

#### Dear Ellen Byrne:

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.

Upon receipt of an acceptable corrective action plan and receipt of the paid license renewal fee, 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 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,

Julie Viviano, Licensing Staff Bureau of Community and Health Systems Unit 13, 7th Floor 350 Ottawa, N.W. Grand Rapids, MI 49503

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

#### I. IDENTIFYING INFORMATION

| License #:                    | AH410402896                               |
|-------------------------------|---|
|                               |   |
| Licensee Name:                | MCAP Byron Center LLC                     |
|                               |   |
| Licensee Address:             | Suite 301                                 |
|                               | 915 E. High Street                        |
|                               | Charlottesville, VA 22902                 |
|                               | (10.1) 222 1277                           |
| Licensee Telephone #:         | (434) 220-1055                            |
| A that and                    |   |
| Authorized                    |   |
| Representative/Administrator/ | Fillers Drivers                           |
| Licensee Designee:            | Ellen Byrne                               |
| Name of Facility:             | Commonwealth Senior Living at North Byron |
| Name of Facility.             | Commonwealth Centor Living at North Byron |
| Facility Address:             | 5812 Village Dr SW                        |
| i domi <b>y</b> i dan ooo.    | Wyoming, MI 48519                         |
|                               | ,   |
| Facility Telephone #:         | (616) 421-2675                            |
| •                             |   |
| Original Issuance Date:       | 11/05/2020                                |
|                               |   |
| Capacity:                     | 166                                       |
|                               |   |
| Program Type:                 | AGED                                      |
|                               | ALZHEIMERS                                |

### **II. METHODS OF INSPECTION**

| Date of On-site Inspec  | ction(s): 4/30/2024   |   |
|---|---|---|
| Date of Bureau of Fire  | e Services Inspection if applicable: 7  | 7/5/2023; BFS - A   |
|   |   |   |
| Inspection Type:  | ☐Interview and Observation☐Combination  | ⊠Worksheet  |
| Date of Exit Conferen   | ce: 4/30/2024   |   |
| No. of staff interviewe<br>No. of residents interv<br>No. of others interview | iewed and/or observed   | 15<br>27  |
| Medication pass /   | $^{\prime}$ simulated pass observed? Yes $igtigtigtigtigtigthit$  | │ No  |
| explain.  ■ Resident funds at Yes □ No ☒ If                                   | d medication records(s) reviewed?  nd associated documents reviewed no, explain. The home does not kee / service observed? Yes ⊠ No □ | for at least one resident?<br>ep resident funds in trust. |
| Reviewed disaste  | ed? Yes  No  If no, explain.  For plans along with interviewed staff For es checked? Yes  No  If no,                                  |   |
| -   | ow-up? Yes ☐ IR date/s: N/.<br>plan compliance verified? Yes ☐  |   |
| Number of exclude   | ed employees followed up? 0 N/A   | $\boxtimes$   |

## III. DESCRIPTION OF FINDINGS & CONCLUSIONS

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

| R 325.1922  | Admission and retention of residents.   |
|-------------|---|
|             | (7) An individual admitted to the residence in the home shall have evidence of tuberculosis screening on record in the home which consists of intradermal skin test, chest x-ray, or other methods recommended by the local health authority performed within 12 months before admission.   |
| ANALYSIS:   | Review of eight resident records revealed two TB screenings could not be located during the review. It could not be determined if a TB screen was performed prior to admission for either resident. One TB screening was out of compliance and completed 30 days after the resident was admitted to the facility. A TB screening must be performed by the local health professional 12 months prior to admission to the facility. |
| CONCLUSION: | VIOLATION ESTABLISHED   |

| 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.  |
| ANALYSIS:   | Review of nine employee records revealed two TB screenings were out of compliance. One employee's TB screening was completed outside of the 10 days of hire and after occupational exposure. The second employee TB screening was completed the same day of hire and after occupational exposure. A TB screening was not completed for the two employees with 10 days of hire and before occupational exposure. |
| CONCLUSION: | VIOLATION ESTABLISHED   |

| R 325.1975  | Laundry and linen requirements.   |
|-------------|---|
|             | (1) A new construction, addition, major building change, or conversion after November 14, 1969 shall provide all of the following:  (a) A separate clean linen storage room.  |
| ANALYSIS:   | Inspection of the clean linen storage room revealed other items such as industrial chemicals, mop buckets, mops, brooms, cleaning rags, garbage, an employee's personal shoes etc. were stored with the clean linens. This poses a risk for cross contamination of laundered items and linens. Clean linens are to remain separate and not to be stored with any other item(s). |
| CONCLUSION: | 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.   |
| ANALYSIS:   | On-site inspection revealed food items such as peanut butter, condiments, stale hardened bread, juice, milk, cheese, salad dressing, mayonnaise, frozen bagged vegetables, containers of frozen fruit, frozen cookie dough etc. were found in the kitchen refrigerator, kitchen freezer, kitchen dry storage, and the employee lounge refrigerators. These items were not labeled with the appropriate open date, and it could not be determined if the food items were safe for human consumption. An open date must be placed on all food items in the facility once opened. |
| CONCLUSION: | VIOLATION ESTABLISHED  |

| R 325.1976  | Kitchen and dietary.  |
|-------------|---|
|             | (13) A multi-use utensil used in food storage, preparation, transport, or serving shall be thoroughly cleaned and sanitized after each use and shall be handled and stored in a manner which will protect it from contamination.                |
| ANALYSIS:   | On-site inspection revealed an incomplete dishwasher sanitization record for April 26, 2024. It could not be determined if multi-use utensils were cleaned and sanitized thoroughly to protect from contamination due to the incomplete record. |
| CONCLUSION: | VIOLATION ESTABLISHED   |

| R 325.1979  | General maintenance and storage.  |
|-------------|---|
|             | (3) Hazardous and toxic materials shall be stored in a safe manner.   |
| ANALYSIS:   | On-site inspection revealed industrial chemicals stored in unlocked kitchenette cabinets on the first and second floors of the facility, which were easily accessible to anyone in the facility. This presents a potential risk of ingestion and harm to residents in the home with impaired cognition and/or function. |
| CONCLUSION: | VIOLATION ESTABLISHED   |

#### IV. RECOMMENDATION

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

5/1/2024

Date
Licensing Consultant