



STATE OF MICHIGAN
 DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
 LANSING

GRETCHEN WHITMER
 GOVERNOR

MARLON I. BROWN, DPA
 DIRECTOR

May 30, 2024

Jennifer Herald
 Arbor Grove Assisted Living & Memory Care
 1320 Pine Avenue
 Alma, MI 48801

RE: License #:	AH290406205 Arbor Grove Assisted Living & Memory Care 1320 Pine Avenue Alma, MI 48801
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Dear Jennifer Herald:

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 home for the aged 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 (517) 284-9730.

Sincerely,

Kimberly Horst, Licensing Staff
 Bureau of Community and Health Systems
 611 W. Ottawa Street
 Lansing, MI 48909

enclosure

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

I. IDENTIFYING INFORMATION

License #:	AH290406205
Licensee Name:	Senior Living Arbor Grove, LLC
Licensee Address:	7927 Nemco Way, Ste 200 Brighton, MI 48116
Licensee Telephone #:	(989) 463-3074
Authorized Representative:	Jennifer Herald
Administrator:	Amanda Raglin
Name of Facility:	Arbor Grove Assisted Living & Memory Care
Facility Address:	1320 Pine Avenue Alma, MI 48801
Facility Telephone #:	(989) 463-3074
Original Issuance Date:	06/02/2021
Capacity:	62
Program Type:	AGED ALZHEIMERS

II. METHODS OF INSPECTION

Date of On-site Inspection(s): 05/30/2024

Date of Bureau of Fire Services Inspection if applicable: 11/14/2023

Inspection Type: Interview and Observation Worksheet
 Combination

Date of Exit Conference: 05/30/2024

No. of staff interviewed and/or observed 5
No. of residents interviewed and/or observed 20
No. of others interviewed 0 Role N/A

- 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. Resident funds not kept in trust
- Meal preparation / service observed? Yes No If no, explain.
- Fire drills reviewed? Yes No If no, explain.
Disaster plans reviewed and staff interviewed.
- 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:
2022A1021020: R 325.1931(5) dated 02/09/2022
- 2023A1021041: R 325.1931(5) dated 05/02/2023
- 2023A1028081: R 325.1931(2), R 325.1931(2), R 325.1931(5), R 1932(1) dated 11/20/2023
- Number of excluded employees followed up? 3 N/A

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

This facility was found to be in non-compliance with the following rules:	
R 325.1931	Employees; general provisions.
	(2) A home shall treat a resident with dignity and his or her personal needs, including protection and safety, shall be attended to consistent with the resident's service plan.
Review of Resident A's service plan revealed lack of detail regarding her specific care needs. For instance, her plan identified she required mobility assistance with a safety assistive device. However, it is not known if she needs a staff member to assist her, what type of mobility device needed, and level of staff assistance. In addition, Resident A was identified that she required assistance with toileting, but the service plan did not define the type of assistance needed. Similar findings were noted with Resident B and Resident C.	
R 325.1932	Resident's medications.
	(3) Staff who supervise the administration of medication for residents who do not self-administer shall comply with all of the following: (b) Complete an individual medication log that contains all of the following information: (v) The initials of the individual who administered the prescribed medication.
Review of Resident A's medication administration record (MAR) revealed Resident A is prescribed Venlafaxine Cap 37.5 ER. Resident A's May MAR revealed the medication technician did not initial that this medication was administered on 05/01 and 05/02.	
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.

Inspection of the facility revealed the menu for therapeutic and special diets was not posted.	
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.
Inspection of the facility kitchen revealed that the walk-in refrigerator, freezer and dry storage area contained items that were opened, unsealed and were not dated (including cheese, vegetables, cereal, and raisins). In addition, cereal in the memory care unit was outdated.	

IV. RECOMMENDATION

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

Kimberly Host

05/30/2024

Licensing Consultant Date