



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
DIRECTOR

May 29, 2024

Manda Ayoub
Pomeroy Living Orion Assisted & Memory Care
101 Scripps Road
Lake Orion, MI 48360

RE: License #: AH630377767
Investigation #: 2024A0784050
Pomeroy Living Orion Assisted & Memory Care

Dear Manda Ayoub:

Attached is the Special Investigation Report for the above referenced facility. Due to the violations identified in the report, a written corrective action plan is required. 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 time frames for each violation as to when the correction will be completed or implemented.
- Indicate how continuing compliance will be maintained once compliance is achieved.
- Be signed and dated.

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 contact the local office at (517) 284-9730.

Sincerely,

A handwritten signature in cursive script that reads "Aaron L. 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
SPECIAL INVESTIGATION REPORT**

I. IDENTIFYING INFORMATION

License #:	AH630377767
Investigation #:	2024A0784050
Complaint Receipt Date:	04/23/2024
Investigation Initiation Date:	04/24/2024
Report Due Date:	06/22/2024
Licensee Name:	Beacon Square Orion LLC
Licensee Address:	5480 Corporate Drive Suite 130 Troy, MI 48098
Licensee Telephone #:	(248) 723-2100
Administrator:	William Brown
Authorized Representative:	Manda Ayoub
Name of Facility:	Pomeroy Living Orion Assisted & Memory Care
Facility Address:	101 Scripps Road Lake Orion, MI 48360
Facility Telephone #:	(248) 621-3100
Original Issuance Date:	10/11/2017
License Status:	REGULAR
Effective Date:	04/11/2024
Expiration Date:	07/31/2024
Capacity:	128
Program Type:	AGED ALZHEIMERS

II. ALLEGATION(S)

	Violation Established?
Inadequate care of Resident A and the facility was short staffed.	No
Resident A's laundry was not done.	No
Resident A was not fed.	No
The kitchen was not sanitary.	Yes
The facility had untreated pests.	No
Additional Findings	No

III. METHODOLOGY

04/23/2024	Special Investigation Intake 2024A0784050
04/24/2024	APS Referral
04/24/2024	Special Investigation Initiated - Letter Email referral sent to APS
04/25/2024	Inspection Completed On-site
TBD	Exit –

ALLEGATION:

Inadequate care of Resident A and the facility was short staffed.

INVESTIGATION:

According to the complaint, on 4/20/2024, Resident A was observed to be in bed at 4pm. It is believed that she had not been assisted up at all that day. There were only two staff working in the entire building.

On 4/25/2024, I interviewed director of wellness Shaneria Wilson at the facility. Ms. Wilson stated she was only recently made aware of concerns regarding the care of Resident A. Ms. Wilson stated she was surprised by the concerns as Resident A is

not someone who staff report having a lot of concerns or struggles with. Ms. Wilson stated the concerns were not brought to her directly as they were called in to the corporate office over the past weekend and relayed to her. Ms. Wilson stated there appeared to be concerns similar to those noted in the complaint. Ms. Wilson stated staff did not report any issues with Resident A relative to 4/20/2024. Ms. Wilson stated Resident A is often assisted to her recliner after she is assisted up on the morning as Resident A seems to prefer this. Ms. Wilson stated Resident A is a person who has Dementia and does not usually communicate verbally. Ms. Wilson stated Resident A is not known to get up out of her chair on her own and requires staff assistance with activities of daily living (ADLs) such as assistance with medications, incontinence care, bathing, dressing, transferring, with a Hoyer lift, and grooming. Ms. Wilson stated that while staffing can be difficult at times, she is not aware of the facility being short staffed on 4/20/2024. Ms. Wilson stated that the facility currently has 58 residents with 13 in the memory care (MC) located on the first floor, 35 in the assisted living (AL) located on the second floor and 23 in the AL located on the third floor. Ms. Wilson stated staff scheduling is done by associate 1. Ms. Wilson stated that she has no indication from speaking with staff that Resident A was left in bed all day on 4/20/2023. Ms. Wilson stated it is possible that Resident A may have been back in bed by her own prompting. Ms. Wilson stated that if issue arise during a shift, staff do make notes on a "24-Hour LOG" and that if staff had any issues or concerns, they make notes on that log.

On 4/25/2024, I attempted to interview Resident A in her room. Resident A was in her wheelchair and appeared well groomed, calm, and comfortable and was smiling. Resident A was non-responsive to the questions I asked.

I reviewed Resident A's service plan, provided by Ms. Wilson. The plan read consistently with Ms. Wilson's statements.

I reviewed staff notes on documents titled *24-HOUR LOG FOR Caregiver*, as described by Ms. Wilson. Notes dated 4/20/2024 for Resident A read "Did have BM" and "0 concerns".

On 4/25/2024, I interviewed Associate 1 at the facility. Associate 1 stated each shift is scheduled and that each floor has dedicated staff. Associate 1 stated the facility has three main shifts which run from 7am to 3pm, 3pm to 11pm and 11pm to 7am. Associate 1 stated that for the first floor, two care staff and one medication technician (med tech) are scheduled to work on first and second shift with two care staff on third shift. Associate 1 stated the med techs work a 12-hour shift which runs from 7am to 7pm. Associate 1 stated one of these care staff can also pass meds and serves as a float for the building in order to help out on any of the floors as needed. Associate 2 stated that for the second floor, on both first and second shift, two care staff are scheduled for first shift with an additional staff working from 7am to 12pm. Associate 1 stated that for third shift, one care staff is scheduled on the second floor. Associate 1 stated that the third floor is staffed similarly to the second for each shift with the exception being that one care staff is scheduled from 7pm to 3pm.

Associate 1 stated that the staffing is slightly different due to the third-floor residents having less needs and a lower number of people. Associate 1 stated the facility was not down to only two staff on 4/20/2024. Associate 1 stated one staff did have to work over from third to first shift as someone called off that morning, but that ultimately staffing was not affected by this.

I reviewed the staff schedule for April 2024, provided by Ms. Wilson. The schedule read consistently with Associate 1's statements, specifically showing changes as indicated by Associate 1 for 4/20/2024.

I reviewed resident census, provided by administrator William Brown, which read consistently with Ms. Wilson's statements.

APPLICABLE RULE	
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.
	(5) The home shall have adequate and sufficient staff on duty at all times who are awake, fully dressed, and capable of providing for resident needs consistent with the resident service plans.
ANALYSIS:	The complaint alleged that on 4/20/2024, the facility was short staffed and Resident A was left in bed most of the day having not been assisted up by staff. The investigation did not reveal sufficient evidence to support the allegation.
CONCLUSION:	VIOLATION NOT ESTABLISHED

ALLEGATION:

Resident A's laundry was not done.

INVESTIGATION:

According to the complaint, the facility is not cleaning Resident A's laundry as they are supposed to. Resident A's family has to make sure the laundry is cleaned so Resident A has clean clothes.

When interviewed, Ms. Wilson stated that prior to the recent reporting from the complaint made to the corporate office, she had not been made aware of any issues regarding Resident A's laundry. Ms. Wilson stated housekeeping is scheduled to clean each resident's laundry at least once a week and if additional cleaning is needed, for various reasons, staff will do so. Ms. Wilson stated that each resident has a specific "laundry day". Ms. Wilson stated that on that particular day, if housekeeping has not yet been able to get to the laundry, it may be accumulated from the week. Ms. Wilson stated that if there is an issue she is not aware of pertaining to Resident A, or any resident, she is more than happy to address those concerns if she is informed of them.

During the onsite, I observed Resident A's room. The room including the bathroom appeared to be clean. Resident A had clean clothing in her drawers and hanging in her closet.

I reviewed a document titled *PERSONAL LAUNDRY DAYS FOR A.L. and M.C.*, provided by Ms. Wilson. The document included a list of each day of the week with the room number of each resident listed under the day of the week which their laundry is scheduled to be completed. According to the listed laundry scheduled, Resident A's laundry is scheduled to be completed on Saturday.

APPLICABLE RULE	
R 325.1935	Bedding, linens, and clothing.
	(3) The home shall make adequate provision for the laundering of a resident's personal laundry.
ANALYSIS:	The complaint alleged the facility does not clean Resident A's laundry. The investigation did not reveal sufficient evidence to support this allegation.
CONCLUSION:	VIOLATION NOT ESTABLISHED

ALLEGATION:

Resident A was not fed.

INVESTIGATION:

According to the complaint, Resident A is not being fed adequately causing her to lose 50 pounds.

When interviewed, Ms. Wilson stated Resident A is a person who requires staff assistance with meals as per her service plan. Ms. Wilson stated that Resident A

does have a history of poor appetite. Ms. Wilson stated that Resident A has ensure included as a part of her diet as a means of trying to get her enough calories. Ms. Wilson stated Resident A does have a soft diet. Ms. Wilson stated Resident A is weighed regularly and that she is not aware of Resident A losing any significant amount of weight “though it is possible she has lost some weight”.

I reviewed Resident A’s service plan which read consistently with Ms. Wilson statements.

I reviewed Resident A’s *Weights and Vitals* tracking document, provided by Ms. Wilson, between December 2023 and April 2024. The document read consistently with Ms. Wilsons statements indicating that at the beginning of December 2023, Resident A weighed approximately 121.2 pounds and at the beginning of April 2024, Resident a weighed approximately 118.2 pounds.

I reviewed a document titled *Diet Notification Resident A*, provided by Ms. Wilson. Ms. Wilson explained that this document is provided the facility chef when a specialty order is received for a given resident. The document read consistently with Ms. Wilsons statements indicating Resident A was on “Mechanical soft” diet.

APPLICABLE RULE	
R 325.1952	Meals and special diets.
	(1) A home shall offer 3 meals daily to be served to a resident at regular meal times. A home shall make snacks and beverages available to residents.
ANALYSIS:	The complaint alleged Resident A was not being adequately fed. The investigation did not reveal sufficient evidence to support this allegation.
CONCLUSION:	VIOLATION NOT ESTABLISHED

ALLEGATION:

The kitchen was not sanitary.

INVESTIGATION:

According to the complaint, the walls in the kitchen are not clean and it is closed down due to water damage and bugs.

On 4/25/2024, I interviewed administrator William Brown at the facility. Mr. Brown stated the main kitchen is not closed down, but that the satellite kitchen on the

second floor of the building is closed at the moment and is being remodeled. Mr. Brown stated the remodel is not specific to water damage or bugs.

During the onsite, I observed the main kitchen located on the first floor which was clean and not closed. I walked with Mr. Brown to the second floor to observe the satellite kitchen on that floor. The kitchen had two entry doors. While both doors had plastic on them, one of the doors was not locked leaving it accessible to residents. The kitchen appeared to not have been cleaned for a long time with breadcrumbs and smudges on the counter tops. Several food items were still in the refrigerator located in the kitchen which were outdated with moldy bread located on one of the countertops and several dead gnats in the drawers located off the counters as well as on the counter tops.

APPLICABLE RULE	
R 325.1976	Kitchen and dietary.
	(5) The kitchen and dietary area, as well as all food being stored, prepared, served, or transported, shall be protected against potential contamination from dust, flies, insects, vermin, overhead sewer lines, and other sources.
	(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:	The complaint alleged the kitchen was not clean and was shut down due to water damage and bugs. The investigation revealed that while the main kitchen did not fit this description, the satellite kitchen on the second floor of the building was filthy and had outdated and spoiled food. While Mr. Brown reported this area was not being used as it was being remodeled, the area was still accessible to residents and should be inaccessible and cleaned while not in use. Based on the findings, the facility is not in compliance with these rules.
CONCLUSION:	VIOLATION ESTABLISHED

ALLEGATION:

The facility had untreated pests.

INVESTIGATION:

According to the complaint, there are bugs in resident rooms. The kitchen was shut down due to uncontrolled bugs.

While present in the satellite kitchen on the second floor, I observed several gnats on the counter tops and in the drawers as well as live gnats flying around. Mr. Brown reported the facility has had some issues with bugs in the facility including gnats and ants. Mr. Brown stated the facility maintains a log for staff to note sightings of pests and that upon notification, pest control is called in to address the issue. Mr. Brown stated the facility uses a pest control company called *Ehrlich* and that they were recently out to the facility for a treatment.

I observed several resident rooms, including Resident A's room, and did not see any bugs or pests of any kind aside from what was observed in the satellite kitchen area.

I reviewed a document titled *Pest Sighting Log*, provided by Mr. Brown. The log read consistently with Mr. Brown's statements noting several dates which staff observed pests such as ants and gnats.

I reviewed receipts from *Ehrlich*, provided by Mr. Brown. The receipts read consistently with Mr. Brown's statements indicating pest control had been to the facility several times since January 2024 with the last visit on 4/15/2024.

APPLICABLE RULE	
R 325.1978	Insect and vermin control.
	(1) A home shall be kept free from insects and vermin.
ANALYSIS:	The complaint alleged the facility had an uncontrolled pest issue. The investigation did not reveal sufficient evidence to support this allegation.
CONCLUSION:	VIOLATION NOT ESTABLISHED

IV. RECOMMENDATION

Upon receipt of an acceptable corrective action plan, it is recommended that the status of the license remain unchanged.

Aaron L. Clum

5/29/2024

Aaron Clum
Licensing Staff

Date

Approved By:

Andrea L. Moore

05/29/2024

Andrea L. Moore, Manager
Long-Term-Care State Licensing Section

Date