



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
DIRECTOR

August 14, 2024

Stephen Levy
Addington Place of Northville
42010 W Seven Mile Road
Northville, MI 48167

RE: License #: AH820378951

Dear Licensee:

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. If you fail to submit an acceptable corrective action plan, disciplinary action will result. 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.

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,

A handwritten signature in blue ink, appearing to read "Elizabeth Gregory-Weil".

Elizabeth Gregory-Weil, Licensing Staff
Bureau of Community and Health Systems
611 W. Ottawa Street
P.O. Box 30664
Lansing, MI 48909
(810) 347-5503

enclosure

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

I. IDENTIFYING INFORMATION

License #:	AH820378951
Licensee Name:	ARHC APNVLMI01 TRS, LLC
Licensee Address:	c/o Healthcare Trust, Inc 650 Fifth Ave New York, NY 10019
Licensee Telephone #:	(212) 415-6551
Authorized Representative:	Stephen Levy
Administrator:	Maurizio Palombi
Name of Facility:	Addington Place of Northville
Facility Address:	42010 W Seven Mile Road Northville, MI 48167
Facility Telephone #:	(248) 305-9600
Original Issuance Date:	02/10/2016
Capacity:	80
Program Type:	AGED ALZHEIMERS

II. METHODS OF INSPECTION

Date of On-site Inspection(s): 08/09/2024

Date of Bureau of Fire Services Inspection if applicable: 04/23/2024- "C" rating

Inspection Type: Interview and Observation Worksheet
 Combination

Date of Exit Conference: 8/14/24

No. of staff interviewed and/or observed 16

No. of residents interviewed and/or observed 31

No. of others interviewed 0 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. The facility does not hold resident funds in trust.
- Meal preparation / service observed? Yes No If no, explain.
- Fire drills reviewed? Yes No If no, explain.
The Bureau of Fire Services reviews fire drills, however facility disaster planning procedures were reviewed.
- 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: CAP received 3/22/24, R 325.1921 (1)(b) and MCL 333.20201 (2) (I)
- Number of excluded employees followed up? 1 N/A

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

<p>This facility was found to be in non-compliance with the following administrative rules and public health code statutes regulating home for the aged facilities:</p>	
<p>MCL 333.20173a</p>	<p>Admission and retention of residents.</p>
	<p>(3) An individual who applies for employment either as an employee or as an independent contractor or for clinical privileges with a staffing agency or covered facility and who has not been the subject of a criminal history check conducted in compliance with this section shall give written consent at the time of application for the department of state police to conduct a criminal history check under this section, along with identification acceptable to the department of state police. If the applicant has been the subject of a criminal history check conducted in compliance with this section, the applicant shall give written consent at the time of application for the covered facility or staffing agency to obtain the criminal history record information as prescribed in subsection (4) from the relevant licensing or regulatory department and for the department of state police to conduct a criminal history check under this section if the requirements of subsection (10) are not met and a request to the Federal Bureau of Investigation to make a determination of the existence of any national criminal history pertaining to the applicant is necessary, along with identification acceptable to the department of state police. Upon receipt of the written consent to obtain the criminal history record information and identification required under this subsection, the staffing agency or covered facility that has made a good faith offer of employment or an independent contract or clinical privileges to the applicant shall request the criminal history record information from the relevant licensing or regulatory department and shall make a request regarding that applicant to the relevant licensing or regulatory department to conduct a check of all relevant registries in the manner required in subsection (4). If the requirements of subsection (10) are</p>

	<p>not met and a request to the Federal Bureau of Investigation to make a subsequent determination of the existence of any national criminal history pertaining to the applicant is necessary, the covered facility or staffing agency shall proceed in the manner required in subsection (4). A staffing agency that employs an individual who regularly has direct access to or provides direct services to patients or residents under an independent contract with a covered facility shall submit information regarding the criminal history check conducted by the staffing agency to the covered facility that has made a good faith offer of independent contract to that applicant.</p>
<p>Employee files were reviewed for Employees A, B, C, D and E. Employee A's file lacked evidence that a that a state police criminal history review was completed and did not contain an eligibility notice through the Michigan workforce background check unit.</p>	
<p>R 325.1923</p>	<p>Employee's health.</p>
	<p>(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 Preventing the Transmission of Mycobacterium tuberculosis in Health-Care Settings, 2005" (http://www.cdc.gov/mmwr/pdf/rr/rr5417.pdf), 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>
<p>Employees B, C, D and E's files did not contain evidence that initial TB testing was completed within the timeframe requirements outlined by this rule. Employee B's hire date is 3/1/22 and her initial TB test was completed on 5/7/24. Employee C's hire date is 3/1/22 and her TB test was completed on 5/22/24. Employee D's hire date is 10/25/23 and her initial TB test was completed on 5/9/24. Employee E's hire date is 3/6/23 and her initial TB test was completed on 5/21/24.</p>	

[REPEAT VIOLATION ESTABLISHED]	
R 325.1932	Resident medications.
	<p>(2) Prescribed medication managed by the home shall be given, taken, or applied pursuant to labeling instructions, orders and by the prescribing licensed health care professional.</p> <p>(3) Staff who supervise the administration of medication for residents who do not self-administer shall comply with all of the following:</p> <p>(b) Complete an individual medication log that contains all of the following information:</p> <p>(v) The initials of the individual who administered the prescribed medication.</p>
<p>Medication administration records (MAR) were reviewed for the previous five weeks, and the following observations were made:</p> <p>Resident A missed one or more doses of Anastrozole, Atorvastatin, Vitamin D, Fluoxetine, Levothyroxine, Metoprolol and Namenda on 7/13/24, 7/14/24, 7/15/24, 7/16/24, 7/17/24, 7/18/24 and 7/20/24 but documented that the medication was administered on 7/19/24 (between dates that the medications were marked as not available). Mr. Palombi confirmed that the above-mentioned medications were not administered from 7/13-7/18 but stated that medications were administered correctly on 7/19/24 and 7/20/24, however staff failed to properly document the medication administrations on 7/20/24.</p> <p>On 7/14/24, staff documented that Resident A's Exelon patch was not administered. Mr. Palombi reported that the medication was administered, however staff failed to properly document the medication administration.</p> <p>On 7/20/24, staff documented that Resident A's Vitamin B-12 was not administered. Mr. Palombi reported that the medication was administered, however staff failed to properly document the medication administration.</p> <p>On 7/16/24, Resident B's MAR was blank for her 9pm dose of Tylenol. Mr. Palombi reported that the medication was administered, however staff failed to properly document the medication administration.</p>	
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.
<p>Perishable food items (including but not limited to hashbrowns and sausage links) located in the walk-in freezer were not being stored properly, as the items were left uncovered to the open air in their original packaging after being opened. Three containers of fruit salad were observed in the walk-in refrigerator, but lacked a label or date as to when they were prepared.</p> <p>[REPEAT VIOLATION ESTABLISHED]</p>	
R 325.1976	Kitchen and dietary.
	(8) A reliable thermometer shall be provided for each refrigerator and freezer.
<p>A freezer located in the "Asbury" hall warming kitchen did not contain a thermometer.</p>	

IV. RECOMMENDATION

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



08/14/2024

Elizabeth Gregory-Weil
Licensing Consultant

Date