



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
DIRECTOR

July 17, 2024

Rhandi Smith
Townehall Place of West Bloomfield
4460 Orchard Lake Road
West Bloomfield, MI 48323

RE: License #:	AH630378427 Townehall Place of West Bloomfield 4460 Orchard Lake Road West Bloomfield, MI 48323
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Dear Rhandi Smith:

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, LMSW, Licensing Staff
Bureau of Community and Health Systems
611 W. Ottawa Street
Lansing, MI 48909
(517) 256-9814

enclosure

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

I. IDENTIFYING INFORMATION

License #:	AH630378427
Licensee Name:	Orchard Lake Senior Care, LLC
Licensee Address:	Suite 1600 1000 Legion Place Orlando, FL 32801
Licensee Telephone #:	(407) 999-2400
Authorized Representative/ Administrator	Rhandi Smith
Name of Facility:	Townehall Place of West Bloomfield
Facility Address:	4460 Orchard Lake Road West Bloomfield, MI 48323
Facility Telephone #:	(248) 683-1010
Original Issuance Date:	11/16/2015
Capacity:	75
Program Type:	AGED

II. METHODS OF INSPECTION

Date of On-site Inspection(s): 07/16/2024

Date of Bureau of Fire Services Inspection if applicable: 04/19/2024

Inspection Type: ☐ Interview and Observation ☒ Worksheet
☐ Combination

Date of Exit Conference: 07/17/2024

No. of staff interviewed and/or observed 5

No. of residents interviewed and/or observed 5

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:
2021A0784045: R 325.1944(1) 08/30/2021
- 2022A109049 R 325.1921(1) 06/10/2022
- 2023A0784080 R 325.1931(5) 10/06/2023
- 2024A1027001 R 325.1931(2) 12/08/2023
- 2024A1019043 R 325.1931(5) 05/10/2024
- Number of excluded employees followed up? 8 N/A ☐

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

This facility was found to be in non-compliance with the following rules:	
R 325.1921	Governing bodies, administrators, and supervisors.
	<p>(1) The owner, operator, and governing body of a home shall do all of the following:</p> <p>(b) Assure that the home maintains an organized program to provide room and board, protection, supervision, assistance, and supervised personal care for its residents.</p>
For Reference: R 325.1901	Definitions.
	<p>(p) "Protection" means the continual responsibility of the home to take reasonable action to ensure the health, safety, and well-being of a resident as indicated in the resident's service plan, including protection from physical harm, humiliation, intimidation, and social, moral, financial, and personal exploitation while on the premises, while under the supervision of the home or an agent or employee of the home, or when the resident's service plan states that the resident needs continuous supervision.</p>
<p>Review of Resident A's medication administration record (MAR) revealed Resident A was prescribed Haloperidol Tab 0.5mg with instruction to give one tablet by mouth as needed for agitation. Review of Resident A's service plan lacked detailed information on how the resident demonstrates agitation and what behaviors require the administration of the medication or if staff can use nonpharmaceutical interventions.</p>	
R 325.1922	Admission and retention of residents.
	<p>(7) An individual admitted to residence in the home shall have evidence of tuberculosis screening on record in the home that was performed within 12 months before admission. Initial screening may consist of an intradermal skin test, a blood test, a chest x-ray, or other methods recommended by the public health authority. 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</p>

	the centers for disease control and prevention. A 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 have to conduct annual TB testing for residents.
Review of facility documentation revealed the facility has not completed the tuberculosis annual risk assessment.	
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 B's service plan revealed lack of detail regarding her specific needs. For instance, her plan identified she was a full assist with ambulation. However, it is not known if she needs a staff member to assist her or what type of device she used. Resident B was identified as dependent with shower care. However, it does not define the type of assistance needed.	
R 325.1931	Employees; general provisions.
	(6) The home shall establish and implement a staff training program based on the home's program statement, the residents service plans, and the needs of employees, such as any of the following: (g) Medication administration, if applicable.
Review of staff person 1 (SP1) and SP2 employee record revealed both staff members were medication technicians but there was no medication administration training.	
R 325.1931	Employees; general provisions.
	(7) The home's administrator or its designees are responsible for evaluating employee competencies.
Review of SP1 employee record revealed SP1 was to complete quizzes on various training topics and was to complete the New Hire Orientation. Both items were not verified for competency by the administrator or its designee.	
R325.1932	Resident medications.
	(1) A service plan must identify prescribed medication to be self-administered or managed by the home.

Review of Resident B's service plan revealed lack of detail on if Resident B self-administers medication or if medication administration is completed by the facility.	
R 325.1932	Resident medications.
	<p>(3) If a home or the home's administrator or direct care staff member supervises the taking of medication by a resident, then the home shall comply with all of the following provisions:</p> <p>(b) Complete an individual medication log that contains all of the following information:</p> <p>(v) The initials of the person who administered the medication, which shall be entered at the time the medication is given.</p>
Review of Resident C's medication administration record (MAR) revealed Resident C was prescribed Quetiapine Tab 23mg. Resident C's July 2024 MAR revealed medication technicians did not initial that this medication was administered on 07/08 and 07/13. Similar findings were noted with Resident A and Resident B.	
R 325.1954	Meal and food records.
	The home shall maintain a record of the meal census, to include residents, personnel, and visitors, and a record of the kind and amount of food used for the preceding 3-month period.
Review of facility documentation revealed the facility is not completing a meal census.	
R 325.1964	Interiors.
	<p>(9) Ventilation shall be provided throughout the facility in the following manner:</p> <p>(b) Bathing rooms, beauty shops, toilet rooms, soiled linen rooms, janitor closets, and trash holding rooms shall be provided with a minimum of 10 air changes per hour of continuously operated exhaust ventilation that provide discernable air flow into each of these rooms.</p>
Inspection of the facility revealed the beauty shop did not have continuous exhaust ventilation.	
R 325.1976	Kitchen and dietary.

	(1) A home shall have a kitchen and dietary area of adequate size to meet food service needs of residents. It shall be arranged and equipped for the refrigeration, storage, preparation, and serving of food, as well as for dish and utensil cleaning and refuse storage and removal.
Inspection of the facility kitchen revealed the dishwasher sanitized with a heat cycle. The facility had no record of testing the heat sanitation. The lack of routine checks does not reasonably protect residents from infection should the machine malfunction.	
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 and freezer contained items that were opened, unsealed and were not dated (including but not limited to cheese, pasta noodles, and cereal).	
R 325.1976	Kitchen and dietary.
	(9) An individual portion of food which is served and not eaten shall be destroyed.
Inspection of the facility kitchen revealed leftover food, pasta salad, ice cream, and cake, was served and was not destroyed.	

IV. RECOMMENDATION

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

Kimberly Host

07/17/2024

Date

Licensing Consultant