

GRETCHEN WHITMER
GOVERNOR

## STATE OF MICHIGAN DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS LANSING

MARLON I. BROWN, DPA DIRECTOR

October 8, 2024

Tamika Littleton
Pleasantry Senior Living
3262 Chenoa Street
Commerce Township, MI 48382

RE: License #: AS630411443

Pleasantry Senior Living 3262 Chenoa Street Commerce Township, MI 48382

#### Dear Tamika Littleton:

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 authorized representative and a date.

Upon receipt of an acceptable corrective plan, a regular license will be issued. If you fail to submit an acceptable corrective action plan, disciplinary action will result.

Please contact me with any questions. In the event that I am not available and you need to speak to someone immediately, you may contact the local office at (248) 975-5053.

Sincerely,

Frodet Dawisha, Licensing Consultant Bureau of Community and Health Systems

Irrodet Navisha

3026 W. Grand Blvd. Cadillac Place, Ste 9-100

Detroit, MI 48202 (248) 303-6348

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

## I. IDENTIFYING INFORMATION

License #:	AS630411443		
Licensee Name:	Pleasantry Senior Living		
Licensee Address:	3262 Chenoa Street		
	Commerce Township, MI 48382		
Licensee Telephone #:	(586) 260-1657		
Advision of the Minneson Burn	T 11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
Administrator/Licensee Designee:	Tamika Littleton		
Name of Facility	Discount Conion Living		
Name of Facility:	Pleasantry Senior Living		
Facility Address:	3262 Chenoa Street		
denity Address.	Commerce Township, MI 48382		
	Commerce Territoria, IVII 10002		
Facility Telephone #:	(248) 779-7735		
3			
Original Issuance Date:	04/21/2022		
Capacity:	5		
Program Type:	PHYSICALLY HANDICAPPED		
	AGED		
	ALZHEIMERS		

## II. METHODS OF INSPECTION

Date	e of On-site Inspection(s):	10/02/2	024	
Date	e of Bureau of Fire Services Inspection if appl	icable:	N/A	
Date	e of Health Authority Inspection if applicable:		06/26/2024	
No.	of staff interviewed and/or observed of residents interviewed and/or observed of others interviewed 1 Role: licensee	designe	2 5 ee	
•	Medication pass / simulated pass observed?	Yes 🗵	No ☐ If no, explain.	
•	Medication(s) and medication record(s) revie	wed? Y	′es ⊠ No □ If no, explain.	
•	Resident funds and associated documents reviewed for at least one resident? Yes $\boxtimes$ No $\square$ If no, explain. Meal preparation / service observed? Yes $\boxtimes$ No $\square$ If no, explain.			
•	Fire drills reviewed? Yes ⊠ No ☐ If no, ex	cplain.		
•	Fire safety equipment and practices observe	d? Yes	⊠ No □ If no, explain.	
•	E-scores reviewed? (Special Certification On If no, explain.  Water temperatures checked? Yes ⊠ No □	• ,		
•	Incident report follow-up? Yes ⊠ No ☐ If i	no, expl	ain.	
•	Corrective action plan compliance verified?  N/A ⊠  Number of excluded employees followed-up?		CAP date/s and rule/s: N/A ⊠	
•	Variances? Yes ☐ (please explain) No ☐	N/A 🗌		

## **III. DESCRIPTION OF FINDINGS & CONCLUSIONS**

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

R 400.14312	Resident medications.
	(4) When a licensee, administrator, or direct care staff member supervises the taking of medication by a resident, he or she shall comply with all of the following provisions:  (b) Complete an individual medication log that contains all of the following information:  (v) The initials of the person who administers the medication, which shall be entered at the time the medication is given.

During the on-site inspection on 10/02/2024, I reviewed Resident A's medication logs and found the following errors:

- Donepezil 10MG: take one tablet by mouth at bedtime was given at 8PM on 01/06/2023, but staff did not initial the medication log.
- Mirtazapine 15MG Tab: take one tablet my mouth at bedtime was given at 8PM on 01/23/2023, but staff did not initial the medication log.
- Simvastatin 20MG Tab: take one tablet by mouth at bedtime was given at 8PM on 01/20/2023, but staff did not initial the medication log.

### REPEAT VIOLATION ESTABLISHED: LSR 10/17/2022; CAP 10/17/2022

R 400.14312	Resident medications.	
	<ul> <li>(4) When a licensee, administrator, or direct care staff member supervises the taking of medication by a resident, he or she shall comply with all of the following provisions:</li> <li>(c) Record the reason for each administration of medication that is prescribed on an as needed basis.</li> </ul>	

During the on-site inspection on 10/02/2024, I reviewed Resident A's medication logs and found the following errors:

- Alprazolam 0.25MG: take one tablet by mouth as needed was given on 02/23/2023, but staff did not record the reason for this as needed medication.
- Acetaminophen 325MG Tab: take one or two tablets by mouth every six hours as needed for pain was given on 09/04/2023-09/06/2023, 09/12/2023, 09/14/2023-09/16/2023 and on 09/27/2023 but the reason for this as needed medication was not recorded.

## IV. RECOMMENDATION

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

Frodet Dawisha Date Licensing Consultant