



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
DIRECTOR

October 31, 2024

Jennifer Hescott
Provision Living at Livonia
33579 8 Mile Road
Livonia, MI 48152

RE: License #: AH820405630
Provision Living at Livonia
33579 8 Mile Road
Livonia, MI 48152

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. 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 877-458-2757.

Sincerely,

A handwritten signature in cursive script that reads "Jessica Rogers".

Jessica Rogers, Licensing Staff
Bureau of Community and Health Systems
611 W. Ottawa Street
P.O. Box 30664
Lansing, MI 48909
(517) 285-7433
enclosure

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

I. IDENTIFYING INFORMATION

License #:	AH820405630
Licensee Name:	AEG Livonia Opco, LLC
Licensee Address:	Ste 385 1610 Des Peres Road St. Louis, MO 63131
Licensee Telephone #:	(314) 272-4980
Authorized Representative:	Jennifer Hescott
Administrator:	Kathy Ostrowski
Name of Facility:	Provision Living at Livonia
Facility Address:	33579 8 Mile Road Livonia, MI 48152
Facility Telephone #:	(248) 665-8688
Original Issuance Date:	03/09/2022
Capacity:	58
Program Type:	ALZHEIMERS AGED

II. METHODS OF INSPECTION

Date of On-site Inspection(s): 10/24/2024

Date of Bureau of Fire Services Inspection if applicable: 04/10/2024

Inspection Type: Interview and Observation Worksheet
 Combination

Date of Exit Conference: 10/31/2024

No. of staff interviewed and/or observed 12

No. of residents interviewed and/or observed 23

No. of others interviewed One Role A resident's daughter

- 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. No resident funds held.
- Meal preparation / service observed? Yes No If no, explain.
- Fire drills reviewed? Yes No If no, explain.
Bureau of Fire Services reviews fire drills. Disaster plan was 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 dated 10/06/2022 to Renewal Licensing Study Report (LSR) dated 09/22/2022: R 325.1921(1)(b), R 325.1932(2), R 325.1932(3)(e), R 325.1953(1), R 325.1954, R 325.1964(9)(b), R 325.1972
- CAP dated 06/01/2023 to Special Investigation Report (SIR) 2023A1027065 dated 5/19/2023: R 325.1944(1)(i), R 325.1931(6)
- CAP dated 12/27/2023 to SIR 2024A0784006 dated 12/13/2023: R 325.1932(2)
- CAP dated 12/15/2023 to SIR 2024A1019016 dated 12/01/2023: R 325.1933(2), R 325.1931(2)
- Number of excluded employees followed up? Three 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.

(1) The owner, operator, and governing body of a home shall do all of the following:

(b) Assure that the home maintains an organized program to provide room and board, protection, supervision, assistance, and supervised personal care for its residents.

**For Reference: Definitions.
R 325.1901 Rule 1. As used in these rules:**

(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.

Employee #1 reported that three residents in assisted living and one in memory care were using a bedside assistive device known as a “Halo Ring.” Observations showed that Residents A, B, and C each had one device, while Resident D had two. These devices were securely attached to either side of the bed frame, but they were missing protective covers.

A review of the service plans for Residents A, B, C, and D indicated insufficient information regarding the specific use, care, and maintenance of the devices. There was no mention of how residents could summon staff, ongoing monitoring procedures, or staff training for equipment maintenance. Additionally, the plans did not address the need for monitoring gaps that could pose risks of entrapment, entanglement, or strangulation. Notably, Resident D’s service plan highlighted that he required regular prompting due to confusion and disorientation.

A review of the physician orders for Residents A, B, C, and D showed that there was no physician order for the device.

In an interview, Employee #2 stated that she adhered to the manufacturer’s guidelines for the Halo Rings.

However, an observation of memory care Resident G’s bed revealed a device that was not attached to the bed frame. Instead, it was positioned between the mattress and the bed frame, relying on the weight of the occupant and the mattress to hold it in place. While the device had a covering, there was a risk that the occupant could inadvertently push it away from the mattress, creating an entrapment zone and increasing the risk of suffocation.

Given these observations and the lack of a cohesive plan, the facility has failed to implement adequate protective measures to ensure the safety and well-being of residents using bedside assistive devices.

REPEAT VIOLATION ESTABLISHED.

[For reference, see licensing study report (LSR) dated 9/22/2022, CAP dated 10/06/2022]

R 325.1923

Employee's health.

(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.

**For Reference:
R 325.1944**

Employee records and work schedules.

(1) A home shall maintain a record for each employee, which shall include all of the following:

(g) Results of initial TB screening as required by R 325.1923(2).

A review of Employee #6's file indicated that he was hired on January 12, 2023. However, his Tuberculosis (TB) test was not administered until November 21, 2023, with results read on November 24, 2023. Additionally, Employees #5, #7, and #8 did not have TB screenings documented in their files.

VIOLATION ESTABLISHED.

R 325.1931

Employees; general provisions.

(2) The home shall designate 1 person on each shift to be supervisor of resident care during that shift. The supervisor of resident care shall be fully dressed, awake, and on the premises when on duty.

Email correspondence with Administrator Kathy indicated that the medication technician was the shift supervisor. However, a review of the October 2024 schedule showed that multiple medication technicians were on duty during each shift, making it unclear who was designated as the supervisor.

VIOLATION ESTABLISHED.

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:

- (a) Reporting requirements and documentation.**
- (b) First aid and/or medication, if any.**
- (c) Personal care.**

- (d) Resident rights and responsibilities.
- (e) Safety and fire prevention.
- (f) Containment of infectious disease and standard precautions.
- (g) Medication administration, if applicable.

**For Reference:
R 325.1981**

Disaster plans.

(3) Personnel shall be trained to perform assigned tasks in accordance with the disaster plan.

**For Reference:
333.20178**

Nursing home, home for the aged, or county medical care facility; description of services to patients or residents with Alzheimer's disease; contents; "represents to the public" defined.

Sec. 20178. (1) Beginning not more than 90 days after the effective date of the amendatory act that added this section, a health facility or agency that is a nursing home, home for the aged, or county medical care facility that represents to the public that it provides inpatient care or services or residential care or services, or both, to persons with Alzheimer's disease or a related condition shall provide to each prospective patient, resident, or surrogate decision maker a written description of the services provided by the health facility or agency to patients or residents with Alzheimer's disease or a related condition. A written description shall include, but not be limited to, all of the following:

(d) Staff training and continuing education practices.

A review of Employees #5, #6, #7, and #8 revealed that their training records were incomplete. For instance, Employee #7's file contained no training records at all, while Employees #5, #6, and #8 were missing specific training documentation, including personal care, safety and fire prevention, and infectious disease/standard precautions.

VIOLATION ESTABLISHED.

R 325.1932

Resident medications.

(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.

An interview with Employee #3 indicated that staff were required to conduct narcotic counts at the change of each shift. However, a review of the narcotic count logs for the assisted living medication cart showed that these logs were incomplete for one or more shifts on various dates in October 2024.

Additionally, Resident F's controlled drug record for Lorazepam indicated a discrepancy, as one pill was unaccounted for.

A review of the medication administration records (MARs) for Residents A, C, D, and E from September and October 2024 revealed that prn (as needed) medications did not consistently include specific written instructions for staff describing the circumstances or reasons to necessitate administration of the as needed medications. For example, Resident A's MARs indicated prescriptions for Alprazolam and Benzonatate, but no reasons were provided for their administration. Similarly, Resident C's MARs included prescriptions for Acetaminophen and Senna but lacked a reason for administration as well. Resident C was prescribed both Triamcinolone acetonide cream 0.025% and 0.1%, but the orders did not specify the application sites for each cream. Resident D's MARs also read he was prescribed Ibuprofen without a stated reason for its use in the order. Resident E was prescribed Bisacodyl, Hyoscyamine Sulfate, Lorazepam, Morphine, and Prochlorperazine maleate, but were similarly incomplete with no specific written instructions for staff describing the circumstances or reasons to necessitate administration of the medications.

REPEAT VIOLATION ESTABLISHED.

[For reference, see licensing study report (LSR) dated 9/22/2022, CAP dated 10/06/2022]

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.

Interview with Employee #4 revealed the October 2024 production sheets were incomplete and not available for review during inspection.

REPEAT VIOLATION ESTABLISHED.

[For reference, see licensing study report (LSR) dated 9/22/2022, CAP dated 10/06/2022]

R 325.1976 Kitchen and dietary.

(13) A multi-use utensil used in food storage, preparation, transport, or serving shall be thoroughly cleaned and sanitized after each use and shall be handled and stored in a manner which will protect it from contamination.

An inspection of the kitchen showed that chemical and heat sanitization were used and tested daily, with records kept demonstrating completion for each meal. However, the facility's chemical and heat sanitization logs for the previous three months were unavailable; therefore, it could not be confirmed if proper and adequate sanitization of dishware had been consistently performed.

VIOLATION ESTABLISHED.

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.

An inspection of the memory care refrigerator and freezer revealed items that were either not dated or outdated, including cottage cheese marked "9/12 to 9/18." Additionally, some dessert items, such as pudding, cheesecake, and ice cream, were found uncovered.

VIOLATION ESTABLISHED.

IV. RECOMMENDATION

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

Jessica Rogers

10/31/2024

Licensing Consultant

Date