



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
DIRECTOR

December 11, 2024

Daniela Popaj
Serene Gardens of Rochester Hills AL
910 S. Boulevard
Rochester Hills, MI 48307

RE: License #: AH630385331

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.

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 #:	AH630385331
Licensee Name:	Serene Gardens of Rochester Hills LLC
Licensee Address:	9463 Holly Road, Suite 104 Grand Blanc, MI 48439
Licensee Telephone #:	(810) 241-4084
Authorized Representative:	Daniela Popaj
Administrator:	Margo Kendzier
Name of Facility:	Serene Gardens of Rochester Hills AL
Facility Address:	910 S. Boulevard Rochester Hills, MI 48307
Facility Telephone #:	(248) 270-4040
Original Issuance Date:	06/26/2018
Capacity:	38
Program Type:	AGED

II. METHODS OF INSPECTION

Date of On-site Inspection(s): 12/05/2024

Date of Bureau of Fire Services Inspection if applicable: 07/18/2024- "C" rating

Inspection Type: Interview and Observation Worksheet
 Combination

Date of Exit Conference: 12/11/2024

No. of staff interviewed and/or observed 7
No. of residents interviewed and/or observed 18
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:
Compliance was not verified, as a repeat violation is referenced in this report for CAP dated 06/04/2024, R 325.1921 (1)(b).
- Number of excluded employees followed up? 2 N/A

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

<p>This facility was found to be in non-compliance with the following public health code statutes and administrative rules regulating home for the aged facilities:</p>	
<p>MCL 333.20173a</p>	<p>Covered facility; employees or applicants for employment; prohibitions; criminal history check; procedure; conditional employment; knowingly providing false information as misdemeanor; prohibited use or dissemination of criminal history information as misdemeanor; review by licensing or regulatory department; conditions of continued employment; failure to conduct criminal history checks as misdemeanor; establishment of automated fingerprint identification system database; electronic web-based system; definitions.</p>
	<p>(4) Upon receipt of the written consent to conduct a criminal history check and identification required under subsection (3), a 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 make a request to the department of state police to conduct a criminal history check on the applicant, to input the applicant's fingerprints into the automated fingerprint identification system database, and to forward the applicant's fingerprints to the Federal Bureau of Investigation. The department of state police shall request the Federal Bureau of Investigation to make a determination of the existence of any national criminal history pertaining to the applicant. The applicant shall provide the department of state police with a set of fingerprints. The request shall be made in a manner prescribed by the department of state police. The staffing agency or covered facility shall make the written consent and identification available to the department of state police. The staffing agency or covered facility shall make a request regarding that applicant to the relevant licensing or regulatory department to conduct a check of all relevant registries established according to federal and state law and regulations for any substantiated findings of abuse, neglect, or misappropriation of property. If the department of state police or the Federal Bureau of Investigation charges a fee for conducting the criminal history check, the staffing</p>

agency or covered facility shall pay the cost of the charge. Except as otherwise provided in this subsection, if the department of state police or the Federal Bureau of Investigation charges a fee for conducting the criminal history check, the department shall pay the cost of or reimburse the charge for a covered facility that is a home for the aged. After October 1, 2018, if the department of state police or the Federal Bureau of Investigation charges a fee for conducting the criminal history check, the department shall pay the cost of the charge up to 40 criminal history checks per year for a covered facility that is a home for the aged with fewer than 100 beds and 50 criminal history checks per year for a home for the aged with 100 beds or more. The staffing agency or covered facility shall not seek reimbursement for a charge imposed by the department of state police or the Federal Bureau of Investigation from the individual who is the subject of the criminal history check. A prospective employee or a prospective independent contractor covered under this section may not be charged for the cost of a criminal history check required under this section. The department of state police shall conduct a criminal history check on the applicant named in the request. The department of state police shall provide the department with a written report of the criminal history check conducted under this subsection. The report shall contain any criminal history record information on the applicant maintained by the department of state police. The department of state police shall provide the results of the Federal Bureau of Investigation determination to the department within 30 days after the request is made. If the requesting staffing agency or covered facility is not a state department or agency and if criminal history record information is disclosed on the written report of the criminal history check or the Federal Bureau of Investigation determination that resulted in a conviction, the department shall notify the staffing agency or covered facility and the applicant in writing of the type of crime disclosed on the written report of the criminal history check or the Federal Bureau of Investigation determination without disclosing the details of the crime. Any charges imposed by the department of state police or the Federal Bureau of Investigation for conducting a criminal history check or making a determination under this subsection shall be paid in the manner required under this subsection. The notice shall include a statement that the applicant has a right to appeal

	<p>the information relied upon by the staffing agency or covered facility in making its decision regarding his or her employment eligibility based on the criminal history check. The notice shall also include information regarding where to file and describing the appellate procedures established under section 20173b.</p>
<p>Employees 1 and 2's files did not contain an eligibility notice through the Michigan Workforce Background Check unit indicating that the proper criminal history check was conducted.</p>	
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>
<p>Resident A has bed rails on her bed. Per the licensee's policy, all bed rails must be accompanied by a physician's order. Resident A's file contained a letter from a physician acknowledging the use of the rails, but it did not constitute an order. A previous special investigation report (SIR)2024A1022034 from 5/23/24 also included this finding for Resident A and the expectation that an order was needed for the device.</p> <p>REPEAT VIOLATION ESTABLISHED</p>	
R 325.1922	Admission and retention of residents.
	<p>(1) A home shall have a written resident admission contract, program statement, admission and discharge policy and a resident's service plan for each resident.</p>

The facility underwent a change of ownership that was processed on 2/6/24, which included a change to the licensee organization. Review of resident admission contracts reveal that Resident B's contract was not updated to reflect the new ownership entity, thus making his contract between the resident and a corporation that differs from that of the current licensee.

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.

Employees 1, 3 and 4's files did not contain evidence that initial TB testing was completed within the timeframe requirements outlined by this rule. Employee 1's hire date is 6/7/23 and her initial TB test was completed on 9/5/23. Employee 3's hire date is 6/5/24 and her TB test was completed on 5/10/24. Employee 4's hire date is 7/23/24 and her initial TB test was completed on 6/24/24.

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.

Employees 1 and 2 independently pass medications at the facility. These employee files located onsite lacked any evidence of corporate med passer training, including employee shadowing, skills demonstration and passing a medication administration examination.

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.

(3) Staff who supervise the administration of medication for residents who do not self-administer shall comply with all of the following:

(b) Complete an individual medication log that contains all of the following information:

(v) The initials of the individual who administered the prescribed medication.

(c) Contact the appropriate licensed health care professional when the prescribed medication has not been administered in accordance with the label instruction, an order from a health care professional, medication log, or a service plan.

Medication administration records were reviewed for the previous five weeks, and the following observations were made:

Resident C is prescribed docusate and is ordered to take the medication twice daily. According to Resident C's MAR, he missed one or more doses of the medication on 11/2/24, 11/3/24, 11/4/24, 11/5/24, 11/6/24, 11/7/24, 11/8/24, 11/9/24, 11/10/24, 11/11/24, 11/12/24, 11/13/24 and 11/14/24. Resident C is prescribed stimulant laxative and is ordered to take the medication twice daily. According to Resident C's MAR, he missed one or more doses of the medication on 11/2/24, 11/3/24, 11/4/24, 11/5/24, 11/6/24, 11/7/24, 11/8/24, 11/9/24, 11/10/24, 11/11/24, 11/12/24, 11/13/24 and 11/14/24. Staff documented the reason for the missed doses as "*pharmacy did not send medication*"; however, staff intermittently documented that the medication was administered in between doses where staff indicated that the medication was not available.

Resident C also missed a dose of both medications on 11/21/24. Staff failed to document a reason for the missed doses and the MAR was left blank.

In follow up correspondence with the licensee authorized representative (AR) Daniela Popaj, she reported that the issue was a “*lack of refill prescriptions.*” Documentation was provided by the pharmacy that read:

I am writing to inform you that the prescription for Docusate 100mg for [Resident C] was not filled due to the absence of a refill on file. Our staff had already contacted the prescribing physician to request a new prescription at the time.

During our follow-up with the facility, there was a misunderstanding, and it was conveyed that the patient was not in need of the medication until the upcoming cycle. As a result, the medication was not filled when we received the prescription. Furthermore, the facility’s monthly medication cycle was scheduled for November 13, 2024, and the prescription was processed accordingly on that date.

We sincerely apologize for any impact this delay may have had on [Resident C’s] care. We have addressed this issue with our staff to prevent it from occurring in the future.

While the pharmacy acknowledges they needed to get a new prescription in order to refill one of his medications, the licensee failed to follow up in a reasonable amount of time to ensure the medication was obtained timely.

Resident D missed a dose of aspirin on 11/16/24, 11/17/24, 11/18/24, 11/19/24, 11/20/24, 11/23/24, 11/24/24, 11/25/24, 11/26/24, 11/27/24, 11/28/24, 11/29/24, 11/30/24 and 12/1/24. Resident D missed a dose of cholecalciferol on 11/12/24, 11/13/24, 11/14/24, 11/15/24, 11/16/24, 11/17/24, 11/18/24, 11/19/24, 11/20/24, 11/23/24, 11/24/24, 11/25/24, 11/26/24, 11/27/24, 11/28/24, 11/29/24, 11/30/24, 12/1/24, 12/2/24, 12/3/24, 12/4/24 and 12/5/24. Resident D missed a dose of melatonin on 11/14/24, 11/15/24, 11/16/24, 11/17/24, 11/23/24, 11/24/24, 11/28/24, 11/29/24, 11/30/24, 12/1/24 and 12/2/24. Resident D missed a dose of miralax on 11/12/24, 11/13/24, 11/14/24, 11/15/24, 11/16/24, 11/17/24, 11/18/24, 11/19/24, 11/20/24, 11/23/24, 11/24/24, 11/25/24, 11/26/24, 11/27/24, 11/28/24, 11/29/24, 11/30/24, 12/1/24, 12/2/24, 12/3/24, 12/4/24 and 12/5/24. In all above instances, staff documented the reason for the missed doses as “*pharmacy did not send medication*”; however, staff intermittently documented that the medication was administered in between doses where staff indicated that the medication was not available.

Resident D missed a dose of cetirizine on 11/28/24, 11/29/24, 11/30/24 and 12/1/24. Resident D missed a dose of donepezil on 11/25/24, 11/26/24, 11/27/24, 11/28/24, 11/29/24, 11/30/24, 12/1/24 and 12/2/24. Resident D missed a dose of lamotrigine on 11/25/24, 11/26/24, 11/27/24, 11/28/24, 11/29/24, 11/30/24, 12/1/24 and 12/2/24. Resident D missed a dose of losartan on 11/28/24, 11/29/24, 11/30/24, 12/1/24,

12/2/24, 12/3/24, 12/4/24 and 12/5/24. Resident D missed a dose of paroxetine on 11/28/24, 11/29/24, 11/30/24, 12/1/24 and 12/2/24. Resident D missed a dose of vitamin B on 11/27/24, 11/28/24, 11/29/24, 11/30/24 and 12/1/24. In all above instances, staff documented the reason for the missed doses as “*pharmacy did not send medication*”.

In follow up correspondence with the AR, she reported that the resident’s power of attorney provided her medications from home upon move in. The AR reported that some of the medications brought in were expired and new orders were needed, which attributed to the delay (AR did not indicate which medications were expired and subsequently needed new orders).

Resident E missed a dose of metoprolol on 11/1/24, 11/2/24, 11/3/24, 11/4/24, 11/5/24, 11/6/24, 11/7/24, 11/8/24, 11/9/24, 11/10/24 and 11/11/24. Staff documented the reason for the missed doses as “*pharmacy did not send medication*”.

Resident E missed a dose of metoprolol on 11/13/24. Resident E missed a dose of humalog on 11/11/24, 11/21/24 and 11/29/24. Resident E missed a dose of aspirin, clopidogrel, eliquis, furosemide, glipizide, levothyroxine, losartan and preservision on 11/29/24. Staff failed to document a reason for the missed doses and the MAR was left blank in all above instances.

In follow up correspondence with the AR, she reported that the medication was on the cart and provided no explanation as to why they were not administered as prescribed.

Additionally, the licensee failed to notify the residents’ physicians when the medications were not administered as prescribed.

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.
The licensee provided documentation of meal attendance showing the number of residents who attended each meal; however they did not keep records to include the kind and amount of food served as outlined in this rule.	
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.
Multiple perishable food items in the commercial kitchen's refrigerator and freezer were left uncovered and out in the open air without proper sealing or labels identifying when the packing was opened or when the items were prepared. These items include but are not limited to bacon, cheese, various meats and proteins, fruit salad, pasta, some other unidentifiable items.	
R 325.1976	Kitchen and dietary.
	(15) Ice used in the home for any purpose shall be manufactured, stored, transported, and handled in a sanitary manner.
The container that the ice scoop is housed in was dirty and had visible debris caked to the bottom. When in the container, the ice scoop is directly touching the soiled area.	

IV. RECOMMENDATION

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



12/11/2024

Elizabeth Gregory-Weil
Licensing Consultant

Date