



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
DIRECTOR

November 27, 2024

James Salamon
Blueberry Hill Assisted Living Inc.
PO Box 480762
Los Angeles, CA 90048

RE: License #: AH800398973
Investigation #: 2025A1028008
Blueberry Hill Assisted Living

Dear James Salamon:

Attached is the Special Investigation Report for the above referenced facility. Due to the violations identified in the report, a written corrective action plan is required. 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 time frames 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 responsible party and a date.

If you desire technical assistance in addressing these issues, please feel free to contact me. In any event, the corrective action plan is due within 15 days. Failure to submit an acceptable corrective action plan will result in disciplinary action.

Please review the enclosed documentation for accuracy and contact me with any questions. In the event I am not available, and you need to speak to someone immediately, please contact the local office at (616) 356-0100.

Sincerely,

Julie Viviano, Licensing Staff
Bureau of Community and Health Systems
Unit 13, 7th Floor
350 Ottawa, N.W.
Grand Rapids, MI 49503

**MICHIGAN DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
BUREAU OF COMMUNITY AND HEALTH SYSTEMS
SPECIAL INVESTIGATION REPORT**

I. IDENTIFYING INFORMATION

License #:	AH800398973
Investigation #:	2025A1028008
Complaint Receipt Date:	10/23/2024
Investigation Initiation Date:	10/24/2024
Report Due Date:	12/22/2024
Licensee Name:	Blueberry Hill Assisted Living Inc.
Licensee Address:	99 Walker Street Lawton, MI 49065
Licensee Telephone #:	(323) 620-4968
Administrator:	Georgina Dreleozis
Authorized Representative:	James Salamon
Name of Facility:	Blueberry Hill Assisted Living
Facility Address:	99 Walker Street Lawton, MI 49065
Facility Telephone #:	(269) 299-6007
Original Issuance Date:	01/24/2023
License Status:	REGULAR
Effective Date:	08/01/2024
Expiration Date:	07/31/2025
Capacity:	66
Program Type:	AGED

II. ALLEGATION(S)

	Violation Established?
Resident A did not receive a 30-day discharge from the facility.	No
Additional Findings	Yes

III. METHODOLOGY

10/23/2024	Special Investigation Intake 2025A1028008
10/24/2024	Special Investigation Initiated - Letter
10/24/2024	APS Referral APS made additional referral to HFA.
10/29/2024	Contact - Face to Face Interviewed the Administrator at the facility.
10/29/2024	Contact - Document Received Received requested documentation from the Administrator.

ALLEGATION:

Resident A did not receive a 30-day discharge from the facility.

INVESTIGATION:

On 10/23/2024, the Bureau received the allegations anonymously through the online complaint system.

On 10/29/2024, I interviewed the administrator at the facility who reported Resident A moved into the facility on 9/12/2024. Resident A is [their] own person and signed the admission contract on 9/12/2024, which included the discharge policy. Resident A had provided financial information prior to moving into the facility, however, after entering the facility, it was discovered Resident A had not provided accurate information to the facility. The administrator reported the facility revised the contract to an amount Resident A could afford. Resident A also did not provide accurate emergency contact information either to the facility either and due to some prior inaccuracies with information that Resident A provided, the administrator called the emergency contact information Resident A had provided, and it was discovered the contact information was inaccurate as well. The administrator reported [they]

attempted to obtain good emergency contact information from Resident A several times and Resident A either avoided providing or declined to provide. Due to concerns for Resident A's safety and wellbeing the facility contacted Adult Protective Services (APS) and worked with Resident A's physician to ensure good care and safety as well. The administrator reported that due to Resident A's financial situation, the facility attempted to see if Resident A qualified for additional services and/or financial assistance, but Resident A did not at that time. The administrator also reported the facility was able to help Resident A obtain a payee towards the end of [their] stay at the facility and the facility also conferenced with the payee about the amount Resident A owed, but at the time of this investigation, the facility has not received any payment for Resident A's stay. Resident A was at the facility for 32 days prior to exiting the facility on 10/16/2024 on [their] own volition. Resident A's medications, medication list, and service plan were provided to Resident A upon exiting the facility and the facility notified APS of Resident A's exit as well due to concerns about Resident A's wellbeing and safety. The administrator reported Resident A was their own person and chose to leave the facility, despite encouragement from the facility to assist Resident A in staying while an alternative placement was found, but Resident A left the facility and went to a mission in Kalamazoo. The administrator reported the facility conferenced with the social worker at the mission in Kalamazoo due to continued concerns about Resident A's exit from the facility and to ensure Resident A's wellbeing and safety. The administrator provided me with the requested documentation for my review.

On 10/29/2024, I reviewed the requested documentation which revealed the following:

- Resident A signed the admission contract on 9/12/2024 which included the facility discharge policy stipulating discharge for non-payment.
- Evidence Resident A's original contract and that the contract was revised to an amount that was more affordable for Resident A.
- Evidence Resident A obtained a payee on 10/4/2024.
- Resident A required cueing with bathing, and assistance with medication administration, housekeeping, and laundry.
- A 30-day discharge notification was issued to Resident A.

APPLICABLE RULE	
R 325.1922	Admission and retention of residents.
	<p>(11) In accordance with MCL 333.20201(3)(e), a home's discharge policy shall specify that a home for the aged resident may be transferred or discharged for any of the following reasons:</p> <ul style="list-style-type: none"> (a) Medical reasons. (b) His or her welfare or that of other residents. (c) For nonpayment of his or her stay. (d) Transfer or discharge sought by resident or authorized representative.

ANALYSIS:	It was alleged Resident A did not receive a 30-day discharge from the facility. Interviews, on-site investigation, and review of documentation reveal Resident A was [their] own person and left the facility on [their] volition on 10/16/2024. Due to concerns about Resident A's safety and wellbeing during Resident A's stay at the facility and upon exiting the facility, the facility conferenced with Adult Protective services, Resident A's physician, Resident A's payee, and the social worker at the mission in Kalamazoo. The facility initiated and followed discharge protocols in accordance with policy rules until Resident A exited the facility on [their] own volition. No violation found.
CONCLUSION:	VIOLATION NOT ESTABLISHED

Additional Findings:

INVESTIGATION:

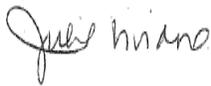
On 10/29/2024, the administrator reported the discharge process had been initiated prior to Resident A's exit from the facility due to continued nonpayment. I requested Resident A's discharge letter and upon review, it revealed the discharge letter did not include the reasons for discharge or the statement notifying the resident of the right to file a complaint with the department.

APPLICABLE RULE	
R 325.1922	Admission and retention of residents.
	<p>(13) A home shall provide a resident and his or her authorized representative, if any, and the agency responsible for the resident's placement, if any, with a 30-day written notice before discharge from the home. The written notice shall consist of all of the following:</p> <ul style="list-style-type: none"> (a) The reasons for discharge. (b) The effective date of the discharge. (c) A statement notifying the resident of the right to file a complaint with the department. The provisions of this subrule do not preclude a home from providing other legal notice as required by law.

ANALYSIS:	The facility did not provide Resident A with a discharge letter written in accordance with the rule. Therefore, the facility is in violation.
CONCLUSION:	VIOLATION ESTABLISHED

IV. RECOMMENDATION

Contingent upon receipt of an approved corrective action plan, I recommend the status of this license remain the same.



11/14/2024

Julie Viviano
Licensing Staff

Date

Approved By:



11/27/2024

Andrea L. Moore, Manager
Long-Term-Care State Licensing Section

Date