GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
DIRECTOR

January 21, 2025

Julie Norman
Farmington Hills Inn
30350 W. Twelve Mile Road
Farmington Hills, MI 48334

RE: License #: AH630236784
Investigation #: 2025A0784019
Farmington Hills Inn

Dear Julie Norman:

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.
- Indicate how continuing compliance will be maintained once compliance is achieved.
- Be signed and dated.

Please review the enclosed documentation for accuracy and contact me with any questions. If I am not available, and you need to speak to someone immediately, please contact the local office at (517) 284-9730.

Sincerely,

Aaron L Clum

Aaron Clum, Licensing Staff
Bureau of Community and Health Systems
611 W. Ottawa Street
P.O. Box 30664
Lansing, MI 48909
(517) 230-2778

enclosure

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

I. IDENTIFYING INFORMATION

License #:	AH630236784
Investigation #:	2025A0784019
Complaint Receipt Date:	12/09/2024
Investigation Initiation Date:	12/10/2024
Report Due Date:	02/08/2025
Licensee Name:	Alycekay Co.
Licensee Address:	30350 W 12 Mile Rd. Farmington Hills, MI 48334
Licensee Telephone #:	(248) 851-9640
Administrator/Authorized Representative:	Julie Norman
Name of Facility:	Farmington Hills Inn
Facility Address:	30350 W. Twelve Mile Road Farmington Hills, MI 48334
Facility Telephone #:	(248) 851-9640
Original Issuance Date:	12/29/2000
License Status:	REGULAR
Effective Date:	08/01/2024
Expiration Date:	07/31/2025
Capacity:	137
Program Type:	AGED ALZHEIMERS

II. ALLEGATION(S)

	Violation Established?
Inadequate supervision of Resident A	Yes
Additional Findings	No

III. METHODOLOGY

12/09/2024	Special Investigation Intake 2025A0784019
12/10/2024	Special Investigation Initiated - On Site
12/10/2024	Inspection Completed On-site
TBA	Exit

ALLEGATION:

Inadequate supervision of Resident A

INVESTIGATON:

On 12/09/2024, the department received this referral from adult protective services (APS) centralized intake. Information provided in the referral indicated APS denied the allegations for investigation.

According to the complaint, Resident A has had bruises on her arms and legs from falling out of bed.

On 12/10/2024, I observed Resident A at the facility. Resident A was in a wheelchair and appeared clean and well groomed. Resident A was non-responsive to an attempted interview. Resident A did not appear to have any bruising on her arm. I observed Resident A's bed to be pushed up against a wall with a bedrail on the outside of the bed. The bed rail was loosely fit to the bed.

On 12/10/2024, I interviewed staff 1 at the facility. Staff 1 stated Resident A had a fall "a few weeks ago" from her bed. Staff 1 stated she did not recall if Resident A had any injuries from that fall. Staff 1 stated Resident A had a bedrail because she may fall out of bed without it. Staff 1 stated Resident A did not always require a wheelchair. Staff 1 stated Resident A has had some difficulties transferring and ambulating on her own for several months. Staff 1 stated Resident A requires

assistance with toileting and transfers and that staff have to push her in her wheelchair for her ambulation.

On 12/10/2024, I interviewed staff 2 at the facility. Staff 2 provided statements consistent with those of staff 1.

I reviewed a facility *Incident Report*, for Resident A provided by staff 3, dated 11/17/2025. Under a section titled *Give description of the incident including immediate observation of resident, location, positioning, injuries, c/o pain, assistance given*, the report read, "while doing 4am check + changes I heard a loud thump from the room next to [Resident A], and I went to find [Resident A] on the floor between the bed and her nigh stand. She was saying she got to get out of there. Staff assisted with lifting her back in bed. She was jumping from pain in her left arm from laying on it". Under a section titled Steps to prevent reoccurrence, the report read, "pushed resident closer to the wall, made sure bed rail was better placed. Left door to keep watch of bed."

I reviewed Resident A's service plan, dated 2/09/2024, provided by staff 3. Under a section titled *Ambulation/Physical Ability*, the plan read "Resident is independent with ambulation". Under a section titled *Fall Prevention*, the plan read, in part "Resident has no history of falls". Under a section titled Toileting, the plan read "Resident is independent with toileting. Staff to just ask if she needs any help". The plan did not include details regarding the use of a bed side device.

Upon request, staff 3 stated Resident A did not have a physician's order on file for a bed rail.

APPLICABLE RULE	
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.**
R 325.1922	**Admission and retention of residents.**
	(5) A home shall update each resident's service plan at least annually or if there is a significant change in the resident's care needs. Changes shall be communicated to the resident and his or her authorized representative, if any.

MCL 333.20201	**Policy describing rights and responsibilities of patients or residents;**
	(2)(g) A patient or resident is entitled to exercise his or her rights as a patient or resident and as a citizen, and to this end may present grievances or recommend changes in policies and services on behalf of himself or herself or others to the health facility or agency staff, to governmental officials, or to another person of his or her choice within or outside the health facility or agency, free from restraint, interference, coercion, discrimination, or reprisal. A patient or resident is entitled to information about the health facility's or agency's policies and procedures for initiation, review, and resolution of patient or resident complaints.
ANALYSIS:	The complaint indicated Resident A had a fall resulting in in jurying. While Resident A was not observed to have any current injuries, the investigation revealed she did have fall on 11/17/2024 at which time she reportedly showed signs of pain in her arm. During the investigation, staff reported Resident A use to be able to ambulate and transfer on her own and now requires assistance from staff. Review of Resident A's service plan revealed her plan had not been updated since 2/09/2024 and that the plan largely describes her as being a person who is independent, including with transferring and ambulation. Observations and reporting from staff were not consistent with the plan. The facility was maintaining a bedrail on Resident A's bed for the purposes of keeping her from falling out of bed. This use is viewed ~~by the department~~ as a form of restraint ~~and not appropriate for this facility~~. Resident A's service plan did not include instruction regarding the bedrail and the facility did not have physicians order for the bedrail. The bedrail was also not properly secured to the bed. Based on the findings, the facility is not in compliance with these rules.
CONCLUSION:	**VIOLATION ESTABLISHED**

IV. RECOMMENDATION

Upon receipt of an acceptable corrective action plan, it is recommended that the status of the license remain unchanged.

Aaron L Clum 1/21/2025

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Aaron Clum Date
Licensing Staff

Approved By:

01/23/2025

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