

GRETCHEN WHITMER GOVERNOR STATE OF MICHIGAN DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS LANSING

ORLENE HAWKS DIRECTOR

March 17, 2023

Amanda Germain Lake (Commerce) TRS LLC 2711 N Haskell Ave Dallas, TX 75204

RE: License #:	AH630409731
	The Avalon of Commerce Township
	2500 Martin Parkway
	Commerce Township, MI 48390

Dear Ms. Germain:

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 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 (517) 284-9730.

Sincerely,

Kinveryttost

Kimberly Horst, Licensing Staff Bureau of Community and Health Systems 611 W. Ottawa Street Lansing, MI 48909

enclosure

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

I. IDENTIFYING INFORMATION

License #:	AH630409731	
Licensee Name:	Lake (Commerce) TRS LLC	
Licensee Address:	Suite 1700	
	2711 N Haskell Ave	
	Dallas, TX 75204	
Licensee Telephone #:	(248) 329-1327	
Authorized	Amanda Germain	
Representative/Administrator		
Name of Facility:	The Avalon of Commerce Township	
Facility Address:	2500 Martin Parkway	
	Commerce Township, MI 48390	
Facility Talankana #	(040) 000 4007	
Facility Telephone #:	(248) 329-1327	
Original laguance Data:	00/20/2022	
Original Issuance Date:	09/30/2022	
Capacity:	158	
Capacity:		
Program Type:	AGED	
	AGED	

II. METHODS OF INSPECTION

Date of On-site Inspection(s): 03/17/2023

Date of Bureau of Fire Services Inspection if applicable:

Inspection Type:	Interview and Observation Combination	Worksheet		
Date of Exit Conference:	03/17/2023			
No. of staff interviewed and No. of residents interviewed No. of others interviewed	d and/or observed	5 10		
• Medication pass / sim	ulated pass observed? Yes $igtimes$	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. Resident funds not kept in trust Meal preparation / service observed? Yes No If no, explain. 				
Diaster plans reviewe	Yes 🗌 No 🔀 If no, explain. d and staff interviewed. hecked? Yes 🔀 No 🗌 If no, d	explain.		
•	p? Yes I IR date/s: N/A compliance verified? Yes I			

• Number of excluded employees followed up? N/A \boxtimes

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: R 325.1901	Definitions.	
	(16) "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.	
Review of resident attached to her bed	records revealed Resident A had a Halo Assistive Device	
purpose of use, sta maintenance scheo could summon stat frequency was not	t A's service plan lacked information about the devices related to aff responsibility to ensure devices were safe, and ongoing dules. For instance, instruction regarding whether the resident f independently for help or require monitoring on a predetermined defined. In addition, it lacked what staff were responsible for, and e to be used in determining if the device posed a risk.	
R 325.1932	Resident medications.	
	(1) Medication shall be given, taken, or applied pursuant to labeling instructions or orders by the prescribing licensed health care professional.	
was prescribed Ace	t B's medication administration record (MAR) revealed Resident B etamin Sup 650mg tab with instruction to administer one tablet by urs as needed for pain. In addition, Resident B was prescribed	

Morphine Sul Sol 100/5ML with instruction to administer every six hours as needed for pain. There is no instruction for staff to know whether to administer one over the other or if both can be given at the same time. The lack of instruction places residents at an unnecessary risk of harm due to administration based on what the staff feel is appropriate verses what the physician intended. Similar findings were found with Resident C and D.

R 325.1932	Resident medications.
	(2) The giving, taking, or applying of prescription medications shall be supervised by the home in accordance with the resident's service plan.
0.5mg tablet instr needed for anxiet information on ho require the admin	ent C's MAR revealed Resident C was prescribed Lorazepam uction to administer one tablet by mouth every four hours as cy/agitation. Review of Resident C's service plan lacked detailed w the resident demonstrates anxiety/agitation and what behaviors istration of the medication or if staff can use nonpharmaceutical hilar findings were found with Resident D.
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.
Inspection of the	facility kitchen revealed the facility does not keep a meal census.
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.
•	facility kitchen revealed there were multiple food items, including dry pasta noodles, cheese, pie filling, there were opened, unsealed ed.

IV. RECOMMENDATION

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

Kinveryttost

3/17/2023

Date

Licensing Consultant