



STATE OF MICHIGAN

JENNIFER M. GRANHOLM
GOVERNOR

DEPARTMENT OF CONSUMER & INDUSTRY SERVICES
LANSING

DAVID C. HOLLISTER
DIRECTOR

April 18, 2003

Janis Elftman
Country Gardens
203 N Caseville Rd.
Pigeon, MI 48755

Comment [CIS1]: Agency/
Organization Name

RE: Application #: AH320238093
Country Gardens
203 N Caseville Rd.
Pigeon, MI 48755

Dear Ms. Elftman:

Attached is the Original Licensing Study Report for the above referenced facility. You have submitted an acceptable written corrective action plan covering the violations cited in the report. The study has determined substantial compliance with applicable licensing statutes and administrative rules. Therefore, a 6-month Temporary Permit with a maximum capacity of 60 is recommended.

Please review the enclosed documentation for accuracy and feel free to contact me with any questions. In the event that I am not available, please feel free to contact Candyce Crompton, Area Manager, at (586) 412-6846.

Sincerely,

Patricia J. Sjo, Licensing Staff
Bureau of Family Services
Suite 301
16000 Hall Road
Clinton Township, MI 48038
(586) 412-6829

enclosure

**MICHIGAN DEPT. OF CONSUMER & INDUSTRY SERVICES
BUREAU OF FAMILY SERVICES
LICENSING STUDY REPORT**

I. IDENTIFYING INFORMATION

License #: AH320238093

Applicant Name: Scheurer Community Services

Applicant Address: 170 N Caseville Rd.
Pigeon, MI 48755

Applicant Telephone #: (989) 453-3223

Administrator/Licensee Designee: Dwight Gascho, Designee

Name of Facility: Country Gardens

Facility Address: 203 N Caseville Rd.
Pigeon, MI 48755

Facility Telephone #: (989) 453-7474

Application Date: 06/15/2001

Capacity: 60

Program Type: Aged

Comment [CIS2]: Population served based on program statement or application.

II. METHODOLOGY

06/15/2001	Enrollment
06/15/2001	Application Received AH-Original
06/18/2001	Plan Review Request (AH ONLY)
06/22/2001	Contact - Telephone call received Received phone call from licensee representative requesting information. Consultation was provided regarding statutory requirements pertaining to facility's operational document.
06/24/2002	Construction Permit Received Construction plans of facility approved by DCIS state engineer.
08/05/2002	Contact - Telephone call received Received telephone call from licensee representative. Provided consultation regarding policy procedure for implementation of regulatory requirements.
03/25/2003	Occupancy Approval (AH ONLY)
03/25/2003	Invoice Sent (AH ONLY)
03/26/2003	Contact - Document Received Received faxed copy of Office of Fire Safety Report from facility. Full approval given for occupancy. Report was forwarded to Chris Drake of Licensing Division for data entry. Facility is now ready to be scheduled for Original Licensure Inspection.
03/27/2003	Inspection Completed-Fire Safety : A
04/16/2003	Inspection Completed On-site
04/16/2003	Inspection Completed-BFS Sub. Compliance

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

A. Physical Description of Facility

County Gardens is a one story, 60-bed home for the aged located in the City of Pigeon. The facility has three apartment corridors with a total of 30 resident rooms and a central dining room that is located near the front entrance. This is a non-smoking facility.

B. Program Description

Country Gardens is a new home for the aged facility, which is not yet occupied. Residents will be over age 60, able to ambulate independently or with the use of a walker, wheelchair, or electric cart, able to bear weight and transfer themselves with minimal assistance from staff, maintain independence in their apartment with 24-hour staffing and assistance, able to assist with personal care with minimum supervision and assistance, able to understand and follow directions, able to feed self without difficulty – no swallowing problems that the resident is not able to resolve himself, their required diet is within Country Gardens scope of service, have no mental conditions or behaviors that are disturbing to residents or staff, possess socially acceptable behaviors, hygiene and grooming, be responsible for administering their own insulin injections and/or with staff assistance, incontinence is managed by the resident with minimal staff assistance, and residents who have short term memory loss or are confused/disoriented must be able to live with others in a cooperative manner and do not wander into other residents' rooms or away from the facility.

C. Rule/Statutory Violations

MCL 333.20201 Policy describing rights and responsibilities of patients or residents; adoption; posting and distribution; contents; additional requirements; discharging, harassing, retaliating, or discriminating against patient exercising protected right; exercise of rights by patient's representative; informing patient or resident of policy; designation of person to exercise rights and responsibilities; additional patients' rights.

(1) A health facility or agency which provides services directly to patients or residents and which is licensed under this article shall adopt a policy describing the rights and responsibilities of patients or residents admitted to the health facility or agency. Except for a licensed health maintenance organization which shall comply with section 21086, the policy shall be posted at a public place in the facility and shall be provided to each member of the facility staff. Patients or residents shall be treated in accordance with the policy.

The facility failed to document that the residents' rights policy was given to 3 of the 20 staff, specifically, staff 13, 15, and 18.

VIOLATION ESTABLISHED

MCL 333.20201 **Policy describing rights and responsibilities of patients or residents; adoption; posting and distribution; contents; additional requirements; discharging, harassing, retaliating, or discriminating against patient exercising protected right; exercise of rights by patient's representative; informing patient or resident of policy; designation of person to exercise rights and responsibilities; additional patients' rights.**

(3) The following additional requirements for the policy described in subsection (2) shall apply to licensees under parts 213 and 217:

(f) A nursing home patient or home for the aged resident is entitled to be fully informed before or at the time of admission and during stay of services available in the facility, and of the related charges including any charges for services not covered under title XVIII, or not covered by the facility's basic per diem rate. The statement of services provided by the facility shall be in writing and shall include those required to be offered on an as needed basis.

The facility failed to provide a schedule of fees for services that will be available, except for the monthly room rate.

VIOLATION ESTABLISHED

R 325.1833 **Admission and retention of residents.**

Admission and retention of residents.
(4)A written resident care policy shall govern the annual testing of residents for tuberculosis.

The resident care policy did not include that annual testing of residents for tuberculosis is required.

VIOLATION ESTABLISHED

R 325.1835 **Employees' health.**

Employees' health.

(2)An employee shall have a chest x-ray and an intradermal skin test for tuberculosis at the beginning of his term of employment. At intervals of 1 year thereafter, an employee shall have an intradermal skin test for tuberculosis. If at any time this skin test is positive, no annual repetition of this skin test shall be made, but the employee shall thereafter have an annual chest x-ray. A report of the results of such tests shall be included in the individual employee's personnel file.

The facility failed to obtain a chest x-ray for 1 of the 20 staff prior to employment, specifically, staff 14 who has positive TB skin tests.

VIOLATION ESTABLISHED

R 325.1839 **Visitors and religious ministrations. (1)Relatives and friends are allowed to**

Visitors and religious ministrations. (1)Relatives and friends are allowed to visit residents at reasonable hours, to be determined by the administrator of the home.

The facility failed to establish visiting hours.

VIOLATION ESTABLISHED

R 325.1889 **General maintenance and storage.**

General maintenance and storage.
(1)The building, equipment, and furniture shall be kept clean and in good repair.

The facility failed to provide resident rooms that were in good repair, as several windows were cracked.

VIOLATION ESTABLISHED

R 325.1891 **Disaster plans.**

Disaster plans.
(3)Personnel shall be trained to perform assigned tasks.

The facility failed to document that 5 of the 20 staff were trained on the disaster plan, specifically, staff 1, 11, 13, 15, and 18.

VIOLATION ESTABLISHED

R 325.1891

Disaster plans.

Disaster plans.

(5)The disaster plan shall be posted throughout the home.

The facility failed to post the disaster plan throughout the facility.

VIOLATION ESTABLISHED

Section 20173 of Act 303 of Public Acts 02 2002 Criminal Background Checks

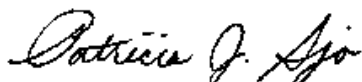
Types of Criminal Background Checks

- (1) Applicants who have already had a recent MSP check: If the Michigan State Police (MSP) has performed an Act 303 criminal background check on the applicant for another Covered Facility or for a contract agency (such as a pool agency) within the 24 months immediately preceding the offer of employment, independent contract or clinical privileges, and the applicant provides written consent for release of the information, a Covered Facility may use that criminal background check instead of obtaining written consent and requesting a new MSP criminal background check....
- (2) Applicants who have resided in Michigan for 3 years or more: If the applicant signs a written statement that he or she has been a Michigan resident for three or more years immediately preceding an offer of employment, independent contract or clinical privileges, a Covered Facility may use a name-only MSP Michigan criminal conviction report....
- (3) Applicants who have not resided in Michigan for 3 years or more: If the applicant has not resided in Michigan for at least three or more years immediately preceding an offer of employment, a Covered Facility must apply to the MSP for both a name check and a national criminal history fingerprint check by the Federal Bureau of Investigation (FBI). In this case the applicant must give the facility identification and fingerprints acceptable to the MSP, and written consent for the release of the information to the facility for these purposes. Upon a request for a national fingerprint search, the MSP will first run a fingerprint check for Michigan convictions, and then send its report and fingerprints to the FBI....

The facility failed to obtain the employees' criminal background checks from the Michigan State Police, and the Healthcare Employment Screening reports did not identify the information source of the criminal background checks for all 15 of the employees whose records were reviewed for this information.

IV. RECOMMENDATION

A corrective action plan addressing each violation has been received and is approved. It is recommended that a 6-month temporary permit be issued for this 60-bed Home for the Aged.



4/18/03

Patricia J. Sjo
Licensing Staff

Date

Approved By:

4/21/03

Candyce Crompton
Area Manager

Date