



RICK SNYDER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

SHELLY EDGERTON
DIRECTOR

December 21, 2017

Hamza Sikander
Serenity Springs
1413 Gratiot Rd.
Saginaw, MI 48602

RE: Application #: AH730389480
Serenity Springs
1413 Gratiot Rd.
Saginaw, MI 48602

Dear Mr. Sikander:

Attached is the Original Licensing Study Report for the above referenced facility. Due to the severity of the violations, 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 authorized representative and a date.

Upon receipt of an acceptable corrective action plan, a temporary license will be issued. If you fail to submit an acceptable corrective action plan, disciplinary action will result.



RICK SNYDER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

SHELLY EDGERTON
DIRECTOR

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 contact the local office at (248) 975-5053.

Sincerely,

A handwritten signature in blue ink, appearing to read "Elizabeth Gregory".

Elizabeth Gregory, Licensing Staff
Bureau of Community and Health Systems
4th Floor, Suite 4B
51111 Woodward Avenue
Pontiac, MI 48342
(810) 347-5503

enclosure



RICK SNYDER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

SHELLY EDGERTON
DIRECTOR

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

I. IDENTIFYING INFORMATION

License Application #:	AH730389480
Applicant Name:	Serenity Springs, LLC
Applicant Address:	5225 Bay Rd Suite B Saginaw, MI 48604
Applicant Telephone #:	(989) 607-0001
Authorized Representative:	Hamza Sikander
Administrator:	Kory Feetham
Name of Facility:	Serenity Springs
Facility Address:	1413 Gratiot Rd. Saginaw, MI 48602
Facility Telephone #:	(989) 793-3471
Application Date:	07/20/2017
Capacity:	105
Program Type:	AGED



RICK SNYDER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

SHELLY EDGERTON
DIRECTOR

II. METHODOLOGY

07/20/2017	Enrollment
07/21/2017	Application Incomplete Letter Sent (by central office staff)
07/21/2017	Contact - Document Sent 1605 sent to applicant
08/11/2017	Contact - Document Received 1326 for auth rep
08/11/2017	File Transferred To Field Office Grand Rapids
08/29/2017	Application Incomplete Letter Sent Emailed letter to AR and administrator
08/30/2017	Contact- Document Received Letter of attestation, floor plan, BCAL 1603 form and administrator resume, policies and procedures received via email
09/06/2017	Contact- Document Received Updated floor plan received via email
10/04/2017	Contact- Face to Face Meeting with licensing staff Liz Gregory, area manager Russ Misiak, administrator Kory Feetham and regional operations director Beth Satchell to review policies and procedures. Licensing staff requesting updates to policy manual.
11/06/2017	Contact- Document Received Updated policies and procedures, mutual aid agreement received via email
12/18/2017	Inspection Completed On- Site
12/18/2017	Inspection Completed- BCAL Sub. Compliance
12/18/2017	Contact- Document Received Staff training curriculum, proposed resident service plan



RICK SNYDER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

SHELLY EDGERTON
DIRECTOR

12/19/2017	Contact- Document Received Received revised floor plans and updated application requesting 105 general HFA beds, no memory care program at this time
12/20/2017	Contact- Document Received Email received from regional director indicating window repairs and exhaust ventilation repairs are complete

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

A. Physical Description of Facility

Serenity Springs is an existing, two-story facility built in 1955. The building's original use was as a Catholic high school and was converted into a home for the aged. Sometime after 1979 an attached nursing home was added to the south end of the building forming the current facility with an enclosed courtyard.

The facility offers 41 resident rooms (rooms 101-129, 132-143) on the first floor and 13 resident rooms (rooms 201-212) on the second floor. First floor rooms vary in size and can house between one and three residents. Each resident room located on the first floor contains a bathroom that has a sink and toilet. Some resident rooms contain a walk in shower while others contain a bathtub/shower combination. Second floor rooms can all house two residents each with the exception of rooms 203 and 210, which can house three residents. The second floor rooms all have bathrooms that contain a sink, combine shower and bathtub and toilet. All resident rooms have emergency pull cords located next to each bed and in each bathroom. When activated, the emergency pull cords send an alert to staff pagers.

Residents have the option to bring in their own furniture if they desire, so long as it meets fire safety requirements. If residents do not bring their own furniture, the facility will provide a twin bed, dresser and a nightstand to each resident.

The facility has an emergency generator that is compliant with MCL 333.21335. Common areas and essential services are maintained during power outages. Resident rooms have a designated electrical outlet and lighting that are operable in



RICK SNYDER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

SHELLY EDGERTON
DIRECTOR

the event power is interrupted. The facility is outfitted with approved fire suppression systems throughout the building.

B. Program Description

Serenity Springs will provide room, board and supervised personal care services to a total capacity of 105 individuals 60 years of age or older. The facility provides residents with the opportunity to choose their own primary health physician, specialist, licensed health care agency and/or hospice company. The facility also allows residents to choose their own personal pharmacy, Veteran Affairs if eligible, or residents can utilize Bridgeport pharmacy, the facility's contracted pharmacy. Residents will be assessed and an initial service plan will be written prior to admission to the facility.

Staff training includes assistance in personal care, medication administration, the facility's disaster plans, resident rights, dementia, behavior management and all services identified in residents' service plans.

The facility does not allow residents to have pets and does not intend to hold resident funds. The facility permits smoking in a designated area outside of the facility.

Covenant Hospital, local pharmacies, banking, retail and food establishments are located within five minutes driving distance of the facility.

Serenity Springs LLC is the owner/licensee of Serenity Springs. According to the Department of Licensing and Regulatory Affairs business entity search, Serenity Springs LLC is a Domestic Limited Liability Company with an organization date of 12/15/2015. Comfort Care Senior Living, LLC is the management company providing the home for the aged operations. Hamza Sikander is the managing director of both companies.

C. Rule/Statutory Violations

R 325.1917	Compliance with other laws, codes, and ordinances.
	(1) A home shall comply with all applicable laws and shall furnish such evidence as the director shall require to show compliance with all local laws, codes, and ordinances.
For Reference: R 29.1802	



RICK SNYDER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

SHELLY EDGERTON
DIRECTOR

	Life safety code; adoption by reference; access to state rules as referenced.
	(1) The provisions of chapters 1 to 10, 11, 18, 19, 20, 21, 38, 39, and 43 of the national fire protection association (NFPA) standard no. 101, 2012 edition, entitled "Life Safety Code," referred to in these rules as "code," are adopted by reference as part of these rules.
For Reference: Chapter 19.7.8	Portable Space-Heating Devices.
	<p>Portable space-heating devices shall be prohibited in all health care occupancies, unless both of the following criteria are met:</p> <ol style="list-style-type: none"> 1. Such devices are used only in nonsleeping staff and employee areas. 2. The heating elements of such devices do not exceed 212 degrees F (100 degrees C).
	At least one resident room located on the north hallway and a facility day/dining area near the west entrance contained portable heating devices.

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>
For Reference: R 325.1901	Definitions.



RICK SNYDER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

SHELLY EDGERTON
DIRECTOR

	(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.
	<p>Inspection of multiple resident rooms revealed many bedside assistive devices attached to resident beds. The devices were manufactured of welded tubing attached to the bed. The tubing of the devices was spaced in a way that could allow entrapment of an individual's limb. The devices were placed in an area of the bed that if the resident did not have the strength to transfer or shift themselves the device would limit and possibly prohibit their exiting of the bed. Interview with administrator Kory Feetham revealed that he had initially removed the assistive devices after receiving consultation from licensing staff and reviewing departmental technical assistance related to ensuring a safe environment for residents. However, Mr. Feetham reported reinstalling all the devices because the residents complained. The facility <i>Bed Rail Policy</i> was provided and reviewed. The policy did not address the need for a physician order outlining the resident need and purpose of the device nor the time or frequency of the residents use of the device. The policy did not address the covering of entrapment areas of the device. The policy did not address the need for residents to have access to or the ability to call for staff assistance when wanting assistance maneuvering around the device. The policy did not address that the device is a restraint requiring special considerations of the Public Health Code when a resident is not able to maneuver around the device and was prohibited from exiting the bed independently. The policy did not outline the need to retain the manufactures owner's manual for warnings, recommendations, and maintenance frequencies. The policy referenced that the assistive device was to be listed on each residents service plan but did not outline the service plan was to list who's responsibility it was to ensure the mattress was tight against the device to prohibit entrapment between the device and the mattress, who would ensure the device was secured</p>



RICK SNYDER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

SHELLY EDGERTON
DIRECTOR

	<p>properly to the bed without deflection causing an entrapment risk, who was to ensure the device was sufficiently covered to limit the risk of limb entrapment within the device. The policy incorrectly conveyed specific allowable measurement distances between the rails and distance between the mattress and the device that have no basis in safe use of the device. While the policy outlined that installation of the device would be done by a trained DME company or maintenance personal it was silent regarding what level of training care staff, or maintenance staff, would be required to possess.</p> <p>Given the observations made, interviews, and review of the existing <i>Bedrail Policy</i> it does not seem the facility has reasonably assured an organized program of protection related to assistive devices.</p>
--	--

R 325.1931	Employees; general provisions.
	(2) A home shall treat a resident with dignity and his or her personal needs, including protection and safety, shall be attended to consistent with the resident's service plan.
	During inspection of the facility a staff person was witnessed transporting a male resident in a wheel chair down the hallway with the resident wearing only an undershirt and underwear. The choice of not covering the resident or dressing him prior to transport did not comply with this rule.

R 325.1979	General maintenance and storage.
	(1) The building, equipment, and furniture shall be kept clean and in good repair.



RICK SNYDER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

SHELLY EDGERTON
DIRECTOR

	Inspection of one of the first floor multi resident rooms revealed a resident properly made bed with two assistive devices attached. One of the devices had what appeared to be dried fecal matter smeared on it. Given the procedure outlined in the facility <i>Bedrail Policy</i> for staff to “visually check” these devices along with the fact the bed was made, it would seem staff either did not follow the <i>Bedrail Policy</i> and inspect the rail at the time of making the bed or chose not to clean the fecal matter. Regardless, the assistive device was not maintained clean as this rule requires.
--	--

I learned that licensee authorized representative Hamza Sikander was out of the country for an unspecified period time. Therefore, I did not provide an exit conference.

IV. RECOMMENDATION

Contingent upon receipt of an acceptable corrective action plan, I recommend issuance of a temporary home for the aged license that will allow it to operate for a period of six months with a licensed bed capacity of 105.

12/18/17

Elizabeth Gregory
Licensing Staff

Date

Approved By:

12/20/17

Russell B. Misiak
Area Manager

Date