



RICK SNYDER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

SHELLY EDGERTON
DIRECTOR

May 30, 2018

Lisa Pritchard
Arbor Woods Assisted Lvg
2100 Springport Road
Jackson, MI 49202

RE: License #: AH380313452
Arbor Woods Assisted Lvg
2100 Springport Road
Jackson, MI 49202

Dear Ms. Pritchard:


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 the 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 (248) 975-5053.

Sincerely,

A handwritten signature in black ink, appearing to read 'Andrea Krausmann', with a long horizontal flourish extending to the right.

Andrea Krausmann, Licensing Staff
Bureau of Community and Health Systems
4th Floor, Suite 4B
51111 Woodward Avenue
Pontiac, MI 48342
(586) 256-1632

enclosure

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

I. IDENTIFYING INFORMATION

License #:	AH380313452
Licensee Name:	Ganton's Arbor Woods, LLC
Licensee Address:	2100 Springport Road Jackson, MI 49202
Licensee Telephone #:	(517) 787-4400
Authorized Representative:	Lisa Pritchard
Administrator:	Lisa Pritchard
Name of Facility:	Arbor Woods Assisted Lvg
Facility Address:	2100 Springport Road Jackson, MI 49202
Facility Telephone #:	(517) 787-4400
Original Issuance Date:	07/08/2011
Capacity:	59
Program Type:	AGED

II. METHODS OF INSPECTION

Date of On-site Inspection(s): 05/29/2018

Date of Bureau of Fire Services Inspection if applicable: 05/07/2018

Inspection Type: Interview and Observation Worksheet
 Combination

Date of Exit Conference: 05/29/2018

No. of staff interviewed and/or observed 10

No. of residents interviewed and/or observed 30

No. of others interviewed 1 Role Resident's authorized representative

- Medication pass / simulated pass observed? Yes 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.
- Meal preparation / service observed? Yes No If no, explain.
- Fire drills reviewed? Yes No If no, explain.
No applicable home for the aged licensing rules. Bureau of Fire Services reviews fire drills.
- Water temperatures checked? Yes No If no, explain.
- Incident report follow-up? Yes IR date/s: 5/2/18 N/A
- Corrective action plan compliance verified? Yes CAP date/s and rule/s:
CAP dated 2/14/18 to SIR2018A1011003: R325.1924(1); R325.1924(3); MCL333.20201(1)(2)(e).
- CAP dated 2/14/18 to renewal LSR dated 1/24/18: R325.1932(3)(e).
- Number of excluded employees followed up? N/A

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

This facility was found to be in non-compliance with the following rules:

R 325.1922 Admission and retention of residents.

(1) A home shall have a written resident admission contract, program statement, admission and discharge policy and a resident's service plan for each resident.

For reference: Definitions.

R 325.1901

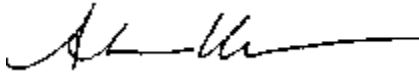
(21) "Service plan" means a written statement prepared by the home in cooperation with a resident and/or the resident's authorized representative or agency responsible for a resident's placement, if any, and that identifies the specific care and maintenance, services, and resident activities appropriate for each individual resident's physical, social, and behavioral needs and well-being and the methods of providing the care and services while taking into account the preferences and competency of the resident.

The facility's resident service plans lack specific care and maintenance, services and resident activities appropriate for each resident's physical, social, and behavioral needs and well-being and the methods of providing the care and services while taking into account the preferences and competency of the resident.

For example: Resident F has history of multiple fractures including his rib, and vertebrae T5-T6 and T7-T8, for which he currently wears a body brace. Resident F verbally reported to me that he requires staff assistance with donning and doffing the device. Resident F's 5/3/18 service plan omits any information about this brace and any related care and services he requires in the use of this device. Also, the service plan identified Resident F requires one person assist with bathing and dressing but provides no specific care, no methods of providing the care and services, nor any preferences and competency of the resident in regard to these services. The service plan read Resident F is incontinent of bladder; continent of bowel; has large size pull up incontinence products; and requires "SBA/1A for toileting". According to staff Amanda Goodband, this represents Resident F requires stand by assistance, one person assist for toileting. However, the service plan provides no information as to the methods of providing the toileting care and services nor the preferences and competency of the resident.

IV. RECOMMENDATION

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



5/30/18

Andrea Krausmann
Licensing Consultant

Date