



RICK SNYDER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

SHELLY EDGERTON
DIRECTOR

July 16, 2018

Rochelle Reneker-Rothwell
The Meadows at Canterbury-on-the-Lake
5601 Hatchery Road
Waterford, MI 48329

RE: License #: AH630380234
The Meadows at Canterbury-on-the-Lake
5601 Hatchery Road
Waterford, MI 48329

Dear Ms. Reneker-Rothwell:

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 licensee or licensee designee or 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) 284-9720.

Sincerely,

A handwritten signature in black ink that reads "Loma M Campbell". The signature is written in a cursive style with a large, stylized initial "L".

Loma M Campbell, Licensing Staff
Bureau of Community and Health Systems
4th Floor, Suite 4B
51111 Woodward Avenue
Pontiac, MI 48342
(248) 860-3110

enclosure

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

I. IDENTIFYING INFORMATION

License #:	AH630380234
Licensee Name:	Canterbury Health Care, Inc.
Licensee Address:	5601 Hatchery Road Waterford, MI 48329
Licensee Telephone #:	(248) 674-9292
Authorized Representative:	Rochelle Reneker-Rothwell
Administrator:	Christie Petiprin
Name of Facility:	The Meadows at Canterbury-on-the-Lake
Facility Address:	5601 Hatchery Road Waterford, MI 48329
Facility Telephone #:	(248) 674-9292
Original Issuance Date:	01/05/2018
Capacity:	32
Program Type:	ALZHEIMERS

II. METHODS OF INSPECTION

Date of On-site Inspection(s): 07/11/2018

Date of Bureau of Fire Services Inspection if applicable: 01/02/2018

Inspection Type: Interview and Observation Worksheet
 Combination

Date of Exit Conference: 7/11/2018

No. of staff interviewed and/or observed 7
No. of residents interviewed and/or observed 20
No. of others interviewed 4 Role Relatives of residents

- 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. The facility does not hold any funds for residents.
- Meal preparation / service observed? Yes No If no, explain.
- Fire drills reviewed? Yes No If no, explain.
There are no Home for the Aged rules requiring the reviewing of fire drills.
- Water temperatures checked? Yes No If no, explain.
- Incident report follow-up? Yes IR date/s: N/A
- Corrective action plan compliance verified? Yes CAP date/s and rule/s:
- 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.

(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.

On 7/11/2018, I reviewed the resident's record of four residents. In two of the four resident's records reviewed, Resident A and Resident E, the service plan was not updated when there was a significant change in the resident's care needs. For example, Resident A's physician ordered physical therapy services on 5/3/2018 and the service plan dated 1/08/2018 was not updated to include this change in Resident A's care needs.

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.

On 7/11/2018, I reviewed the medication administration record (MAR) of seven residents and medication were not given pursuant to the labeling instruction or the orders by the prescribing licensed health care professional. For example, the MAR read that Resident B's Isosorbide was not given on 7/1/2018 and the reason for giving Isosorbide was "not ordered yet"; as well as Omeprazole at 6:00 pm on 7/06/2018 was not administered and the reason recorded "not in cart".

In addition, Resident A was not administered Alprazolam on 5/09/2018 and 5/10/2018 and the reason recorded on the MAR on 5/09/2018 was "out of alprazolam".

Resident C moved into the facility on 6/19/2018 and medications, Aspirin, Finasteride, Levothyroxine, Lisinopril, Vitamin D3 and Tamsulosin were not given to Resident E on 6/20/2018 and the reason recorded for not given these medications on the MAR, no medication available.

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.

Resident A's physician ordered the medication, Norco as needed (PRN) for pain. Neither Resident A's service plan dated 1/08/2018 nor the physician's order included instructions identifying when the medication would be needed or identify the source or type of pain, e.g., sciatic pain, migraine pain, arthritic joint pain.

R 325.1932 Resident medications.

(3) If a home or the home's administrator or direct care staff member supervises the taking of medication by a resident, then the home shall comply with all of the following provisions:

(b) Complete an individual medication log that contains all of the following information:

(v) The initials of the person who administered the medication, which shall be entered at the time the medication is given.

The initials of the staff member that administered the medication were not entered on the MAR at the time the medication was administered. For example, the initials of the staff member that administered Resident B's Lorazepam at 9:00 am on 7/06/2018; Isosorbide at 9:00 am on 7/02/2018, 7/06/2018, and 7/10/2018; Metoprolol at 9:00 ma on 7/6/2018; Galantamine at 9:00 am on 7/06/2018; and Sertraline at 9:00 am on 7/06/2018 and 7/10/2018 were not entered at the time the medications were administered on the MAR.

In addition, the initials of the staff member that administered Resident C's Ferrous Sulfate at 9:00 am on 7/10/2018 and gabapentin on 7/10/2018 were not entered on the MAR at the time the medications were given.

Staff members circled their initials on the MAR and the reason for circling their initials was not recorded. For example, the initials of the staff member were circled for Resident D's medication Norvasc on the MAR on 7/2/2018 and the reason for circling the initials was not provided. Wellness director, Cathy Wright stated that when a staff member has circled their initials on the MAR, a reason should be recorded by the staff member on the MAR.

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.

A record of the personnel and visitors that ate during the preceding three-month period, May 2018, June 2018, and July 2018 was not maintained in the home.

R 325.1964 Interiors.

(9) Ventilation shall be provided throughout the facility in the following manner:

(b) Bathing rooms, beauty shops, toilet rooms, soiled linen rooms, janitor closets, and trash holding rooms shall be provided with a minimum of 10 air changes per hour of continuously operated exhaust ventilation that provide discernable air flow into each of these rooms.

The exhaust ventilation in the kitchen's janitor's closet could not be located and was not operational.

IV. RECOMMENDATION

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

Lorne M. Campbell

7/16/2018

Licensing Staff

Date