



RICK SNYDER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

SHELLY EDGERTON  
DIRECTOR

December 6, 2018

Mary Black  
Scotland Manor Enterprises, LLC  
1357 N. River Road  
St. Clair, MI 48079

RE: License #: AS740282833  
**River's Edge Assisted Living**  
**1427 Oakland**  
**St. Clair, MI 48079**

Dear Mrs. Black:

Attached is the Renewal Licensing Study Report for the facility referenced above. You have submitted an acceptable written corrective action plan addressing the violations cited in the report. To verify your implementation and compliance with this corrective action plan: You are to submit a Statement of Correction.

The study has determined substantial compliance with applicable licensing statutes and administrative rules. Therefore, your license is renewed. It is valid only at your present address and is nontransferable.

Please contact me with any questions. In the event that I am not available and you need to speak to someone immediately, you may contact the local office at (248) 975-5053.

Sincerely,

A handwritten signature in cursive script that reads "Kristine Cilluffo".

Kristine Cilluffo, Licensing Consultant  
Bureau of Community and Health Systems  
4th Floor, Suite 4B  
51111 Woodward Avenue  
Pontiac, MI 48342  
(248) 285-1703

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

**I. IDENTIFYING INFORMATION**

<b>License #:</b>	AS740282833
<b>Licensee Name:</b>	Scotland Manor Enterprises, LLC
<b>Licensee Address:</b>	1357 N. River Road St. Clair, MI 48079
<b>Licensee Telephone #:</b>	(810) 329-1112
<b>Licensee/Licensee Designee:</b>	Mary Black
<b>Administrator:</b>	Mary Black
<b>Name of Facility:</b>	River's Edge Assisted Living
<b>Facility Address:</b>	1427 Oakland St. Clair, MI 48079
<b>Facility Telephone #:</b>	(810) 329-1112
<b>Original Issuance Date:</b>	10/26/2006
<b>Capacity:</b>	6
<b>Program Type:</b>	MENTALLY ILL AGED

**II. METHODS OF INSPECTION**

Date of On-site Inspection(s): 11/14/2018

Date of Bureau of Fire Services Inspection if applicable: N/A

Date of Health Authority Inspection if applicable: N/A

Inspection Type:  Interview and Observation  Worksheet  
 Combination  Full Fire Safety

No. of staff interviewed and/or observed 1  
No. of residents interviewed and/or observed 6  
No. of others interviewed 1 Role: Licensee Designee

- Medication pass / simulated pass observed? Yes  No  If no, explain.
- Medication(s) and medication record(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.  
Completed worksheet renewal inspection.
- Fire drills reviewed? Yes  No  If no, explain.
- Fire safety equipment and practices observed? Yes  No  If no, explain.
- E-scores reviewed? (Special Certification Only) Yes  No  N/A   
If no, explain.
- Water temperatures checked? Yes  No  If no, explain.
- Incident report follow-up? Yes  No  If no, explain.
- Corrective action plan compliance verified? Yes  CAP date/s and rule/s:  
N/A
- Number of excluded employees followed-up? N/A
- Variances? Yes  (please explain) No  N/A

### III. DESCRIPTION OF FINDINGS & CONCLUSIONS

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

<b>R 400.14310</b>	<b>Resident health care.</b>
	<b>(3) A licensee shall record the weight of a resident upon admission and monthly thereafter. Weight records shall be kept on file for 2 years.</b>
Resident A did not have April 2018 weight recorded on weight record.	
<b>R 400.14312</b>	<b>Resident medications.</b>
	<p><b>(4) When a licensee, administrator, or direct care staff member supervises the taking of medication by a resident, he or she shall comply with all of the following provisions:</b></p> <p><b>(b) Complete an individual medication log that contains all of the following information:</b></p> <ul style="list-style-type: none"> <li><b>(i) The medication.</b></li> <li><b>(ii) The dosage.</b></li> <li><b>(iii) Label instructions for use.</b></li> <li><b>(iv) Time to be administered.</b></li> <li><b>(v) The initials of the person who administers the medication, which shall be entered at the time the medication is given.</b></li> <li><b>(vi) A resident's refusal to accept prescribed medication or procedures.</b></li> </ul>
Resident B's medication log was not initiated by staff for Buspirone 7.5 mg at 8:00 am on November 2018 medication log. Resident C's medication log was not initiated by staff for Polyethylene Glycol Powder at 8:00 am on November 2018 medication log.	
<b>R 400.14313</b>	<b>Resident nutrition.</b>
	<b>(6) Records of menus, including special diets, shall be kept by the licensee for 1 calendar year.</b>

The home did not have record of menus for 1 calendar year. The home only had menus for February 2018 and November 2018.	
<b>R 400.14318</b>	<b>Emergency preparedness; evacuation plan; emergency transportation.</b>
	<b>(5) A licensee shall practice emergency and evacuation procedures during daytime, evening, and sleeping hours at least once per quarter. A record of the practices shall be maintained and be available for department review.</b>
The home was missing sleep and evening time drills for the 1 <sup>st</sup> quarter of 2017, evening drill for the 4 <sup>th</sup> quarter of 2017, evening drill for the 1 <sup>st</sup> quarter of 2018 and missing day and sleep time drills for the 3 <sup>rd</sup> quarter of 2018.	

#### IV. RECOMMENDATION

An acceptable corrective action plan has been received. Renewal of the license is recommended.

*Kristine Cilluffo*

12/06/2018

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Kristine Cilluffo  
Licensing Consultant

Date