



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

ORLENE HAWKS
DIRECTOR

September 16, 2019

Jenel Stoinski
Leisure Living Management of Lansing, Inc.
Homestead Mgmt Group, LLC
21800 Haggerty Road
Northville, MI 48167

RE: License #: AL190080686
**Addington Place of DeWitt
Suite 2
1177 W Solon Road
Dewitt, MI 48820**

Dear Mrs. Stoinski:

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 plan, a regular license will be issued. If you fail to submit an acceptable corrective action plan, disciplinary action will result.

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 (517) 284-9720.

Sincerely,

A handwritten signature in cursive script that reads "Leslie Herrguth".

Leslie Herrguth, Licensing Consultant
Bureau of Community and Health Systems
611 W. Ottawa Street
P.O. Box 30664
Lansing, MI 48909
(517) 256-2181

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

I. IDENTIFYING INFORMATION

License #: AL190080686

Licensee Name: Leisure Living Management of Lansing, Inc.

Licensee Address: Suite 115
21800 Haggerty Road
Northville, MI 48167

Licensee Telephone #: (517) 484-6980

Licensee Designee: Jenel Stoinski

Administrator: Melissa San Miguel

Name of Facility: Addington Place of DeWitt

Facility Address: Suite 2
1177 W Solon Road
Dewitt, MI 48820

Facility Telephone #: (517) 484-6980

Original Issuance Date: 11/11/1998

Capacity: 20

Program Type: AGED
ALZHEIMERS

II. METHODS OF INSPECTION

Date of On-site Inspection(s): 09/13/2019

Date of Bureau of Fire Services Inspection if applicable: 12/03/2019

Date of Health Authority Inspection if applicable: Not applicable

Inspection Type: Interview and Observation Worksheet
 Combination Full Fire Safety

No. of staff interviewed and/or observed 2
No. of residents interviewed and/or observed 20
No. of others interviewed 3 Role: administrative staff

- 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.
- 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? Three, none currently employed at the facility 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:

R 400.15205 Health of a licensee, direct care staff, administrator, other employees, those volunteers under the direction of the licensee, and members of the household.

(3) A licensee shall maintain, in the home, and make available for department review, a statement that is signed by a licensed physician or his or her designee attesting to the physician's knowledge of the physical health of direct care staff, other employees, and members of the household. The statement shall be obtained within 30 days of an individual's employment, assumption of duties, or occupancy in the home.

Five of ten employee records reviewed did not contain a statement signed by a licensed physician or his or her designee attesting to the physician's knowledge of the physical health of direct care staff obtained within 30 days of the individuals' employment or assumption of duties.

Staff member 1 was hired on 3/14/19 and her physical was dated 5/3/19. Staff member 2 was hired on 3/11/19 and her physical was dated 5/3/19. Staff member 3 was hired on 2/9/19 and her physical was dated 8/20/19. Staff member 4 was hired 3/8/19 and her physical was dated 5/3/19. Staff member 5 was hired 3/5/18 and her physical was dated 9/7/18.

R 400.15206 Staffing requirements.

(2) A licensee shall have sufficient direct care staff on duty at all times for the supervision, personal care, and protection of residents and to provide the services specified in the resident's resident care agreement and assessment plan.

Based on written documentation observed at the onsite inspection the residents' protection needs were not met as there were five instances during the renewal period (9/6/19, two on 10/3/18, 3/22/19 and 4/8/19) where it took longer than eight minutes to evacuate the residents from the facility. The actual

time it took for staff members to evacuate the residents is unknown as it was reported that the staff members conducting the emergency evacuation drill stopped timing the drill after 10 minutes passed. According to those interviewed it took longer than eight minutes to evacuate the residents because Resident A is bed-bound and there were no additional problems evacuating residents. On 9/16/19 I received written documentation from the facility that Resident A was discharged on 9/16/19.

R 400.15318

Emergency preparedness; evacuation plan; emergency transportation.

(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.

According to interviews conducted at the onsite inspection Resident A is bed – bound and was not evacuated from the facility during daytime, evening, and sleeping hours at least once per quarter during the renewal period. On 9/16/19 I received written documentation from the facility that Resident A was discharged on 9/16/19.

IV. RECOMMENDATION

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



9/16/19

Leslie Herrguth
Licensing Consultant

Date