



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

ORLENE HAWKS  
DIRECTOR

December 7, 2020

Lola Wilson  
10871 68th Street  
South Haven, MI 49090

RE: License #: AF800360822  
**Turner Tender Care**  
**10871 68th Street**  
**South Haven, MI 49090**

Dear Ms. Wilson:

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) 284-9730.

Sincerely,

A handwritten signature in black ink that reads "Cathy Cushman". The script is fluid and cursive, with the first name "Cathy" and last name "Cushman" written in a single continuous line.

Cathy Cushman, Licensing Consultant  
Bureau of Community and Health Systems  
427 East Alcott  
Kalamazoo, MI 49001  
(269) 615-5190

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

**I. IDENTIFYING INFORMATION**

<b>License #:</b>	AF800360822
<b>Licensee Name:</b>	Lola Wilson
<b>Licensee Address:</b>	10871 68th Street South Haven, MI 49090
<b>Licensee Telephone #:</b>	(269) 639-1508
<b>Licensee Designee:</b>	N/A
<b>Administrator:</b>	N/A
<b>Name of Facility:</b>	Turner Tender Care
<b>Facility Address:</b>	10871 68th Street South Haven, MI 49090
<b>Facility Telephone #:</b>	(269) 639-1508
<b>Original Issuance Date:</b>	12/23/2014
<b>Capacity:</b>	6
<b>Program Type:</b>	PHYSICALLY HANDICAPPED DEVELOPMENTALLY DISABLED MENTALLY ILL AGED

## II. METHODS OF INSPECTION

Date of On-site Inspection(s): 12/07/2020

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

Date of Health Authority Inspection if applicable: 02/05/2020

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 1  
No. of others interviewed [redacted] Role: [redacted]

- 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. There were no Resident Funds I or II forms available for review.
- Meal preparation / service observed? Yes ☐ No ☒ If no, explain.  
On-site did not take place during a meal time; however, food was observed in the facility.
- 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.  
per the licensee, there were no incidents that needed to be documented on IR's.
- Corrective action plan compliance verified? Yes ☒ CAP date/s and rule/s:  
Renewal 2018 - af405.3, af416.3, af422.1c, af426.1, af432.4, af438.4, af245 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:

**R 400.1407**                      **Resident admission and discharge criteria; resident assessment plan; resident care agreement; house guidelines; fee schedule; physicians instructions; health care appraisal.**

**(3) In situations where a resident is referred for admission, the resident assessment plan shall be conducted in conjunction with the resident or the resident's designated representative, the responsible agency, and the licensee. A licensee shall maintain a copy of the resident's written assessment plan on file in the home.**

**FINDING:** The only resident in the facility had an *Assessment Plan for AFC Residents* completed; however, there was no indication on the assessment plan that it had been conducted in conjunction with the licensee, the resident or the resident's representative, if applicable, by there being any signatures or dates on it.

**R 400.1416**                      **Resident health care.**

**(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.**

**FINDING:** There were no weight records available for review for the only resident in the facility.

REPEAT VIOLATION, RENEWAL LSR 2018, CAP DATED 05/02/2018

**R 400.1418**                      **Resident medications.**

**(3) Unless a resident's physician specifically states otherwise, all the giving, taking, or application of prescription medications shall be supervised by the licensee or responsible person.**

**FINDING:** The licensee, Ms. Wilson, stated the only resident in the facility was taking his own medications; however, there was no physician's order in the resident's file indicating he could do this.

**R 400.1421                      Handling of resident funds and valuables.**

**(3) A licensee shall have a resident's funds and valuables transaction form completed and on file for each resident. A department form shall be used unless prior authorization for a substitute form has been granted in writing by the department.**

**FINDING:** There were no Resident Funds I or Resident Funds II forms available for review for the only resident in the facility.

**R 400.1437                      Smoke detection equipment.**

**(2) If batteries are used as a source of energy, they shall be replaced in accordance with the recommendations of the smoke or heat detection equipment manufacturer.**

**FINDING:** There was a "chirping" smoke alarm in the basement where the facility's household members were residing, indicating the smoke alarm's batteries need to be replaced.

**R 400.1438                      Emergency preparedness; evacuation plan; emergency transportation.**

**(4) Fire drills shall be conducted 4 times a year. Two of the 4 required fire drills shall be conducted during sleeping hours. A record of the fire drills shall be incorporated with the evacuation plan.**

**FINDING:** There was no documentation available to confirm fire drills had been completed in the last two years.

REPEAT VIOLATION, RENEWAL LSR 2018, CAP DATED 05/02/2018

#### IV. RECOMMENDATION

Contingent upon receipt of an acceptable corrective action plan and submission of the renewal application, the application fee, and the approval of the BCHS 100 forms for the facility's household members, renewal of the license is recommended.

*Cathy Cushman*

12/07/2020

---

Date

Licensing Consultant