GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

ORLENE HAWKS
DIRECTOR

February 25, 2021

Mary Myers-Bohn
ProMedica of Adrian MI, LLC
Suite 16 Floor
333 N Summit Street
Toledo, OH 43604

RE: License #: AH460397452
ProMedica Charlotte Stephenson Manor
581 Kimole Lane
Adrian, MI 49221

Dear Ms. Myers-Bohn:

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 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) 284-9730.

Sincerely,

Jessica Rogers

Jessica Rogers, Licensing Staff
Bureau of Community and Health Systems
611 W. Ottawa Street
P.O. Box 30664
Lansing, MI 48909
enclosure

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

I. IDENTIFYING INFORMATION

License #:	AH460397452
Licensee Name:	ProMedica of Adrian MI, LLC
Licensee Address:	Suite 16 Floor 333 N Summit Street Toledo, OH 43604
Licensee Telephone #:	(517) 265-0692
Authorized Representative/ Administrator:	Mary Myers-Bohn
Name of Facility:	ProMedica Charlotte Stephenson Manor
Facility Address:	581 Kimole Lane Adrian, MI 49221
Facility Telephone #:	(517) 265-0690
Original Issuance Date:	06/23/2020
Capacity:	59
Program Type:	AGED

II. METHODS OF INSPECTION

Date of On-site Inspection(s): 02/25/2021

Date of Bureau of Fire Services Inspection if applicable: 03/15/2021

Inspection Type: ☐Interview and Observation ☒Worksheet ☐Combination

Date of Exit Conference: 2/25/21

No. of staff interviewed and/or observed 12
No. of residents interviewed and/or observed 25
No. of others interviewed Role No visitors allowed in the facility at this time due to COVID-19 pandemic.

- 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. Facility does not hold resident funds.
- Meal preparation / service observed? Yes ☒ No ☐ If no, explain.

- Fire drills reviewed? Yes ☐ No ☒ If no, explain.
  Bureau of Fire Safety reviews fire drills. Interviewed staff regarding disaster plans.
- 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: N/A
- 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 325.1921 Governing bodies, administrators, and supervisors.

(1) The owner, operator, and governing body of a home shall do all of the following:

(b) Assure that the home maintains an organized program to provide room and board, protection, supervision, assistance, and supervised personal care for its residents.

According to the authorized representative Mary Myers-Bohn, the facility does not have a written policy for the use of bedside assistive devices on or about the bed. At the time of the on-site inspection, two residents had bedside assistive devices. Resident A had a u-assist rail on one side of the bed, approximately 12 inches above the mattress and approximately four inches width between the “u” shaped bars. The space was large enough for a hand/foot to fit through and cause possible entangle/entrapment. It was not directly affixed to the bedframe but instead was attached to a board under the mattress allowing for possible movement and entrapment. Facility registered nurse Tracy Robertson stated there was not physician order for Resident A’s beside assistive device.

Resident B had beside assistive devices commonly referred to as “Halo Rings.” Resident B had one Halo Ring attached to the bed frame on each side of the bed. It was observed that the distance between the slats (horizontal or vertical supports between the perimeter of the Halo Rings) was large enough for a hand/foot to fit through and cause possible entangle/entrapment. Ms. Robertson confirmed there are no manufacturer approved protective covers for the Halo Rings to close off the open spaces.

The service plans for Resident A and Resident B lacked information about the devices related to purpose of use, staff responsibility to ensure devices were safe, and ongoing maintenance schedules. For instance, instruction regarding whether the resident could summon staff independently for help or require monitoring on a predetermined frequency was not defined. In addition, it lacked specifically what staff were responsible for, and what methods were to be used in determining if the device posed a risk of physical harm related to entrapment, entanglement, strangulation, etc.

While Ms. Myers-Bohn conveyed that maintenance maintains the manufacturer manuals onsite for reference and installs the device onto the frame and staff are

trained of proper use, the facility did not ensure the devices were physician ordered for specific purpose, the resident was competent and capable of using the device safely, was not an obstruction to independence getting in and out of bed, secured firmly to the bed frame, and outlined within the service plan, staff's responsibility to ensure ongoing integrity of the device and resident appropriateness for continued use.

Given the observations listed above and the lack of an organized plan the facility has not provided reasonable protective measures to ensure resident well-being and safety during the use of a bedside assistive device.

VIOLATION ESTABLISHED

IV. RECOMMENDATION

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

3/2/21

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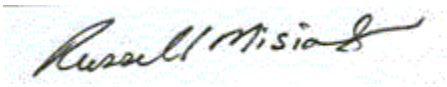
Date

Licensing Consultant



3/18/21

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Date

Area Manager