



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

ORLENE HAWKS  
DIRECTOR

March 15, 2021

Mary Bishop  
Cottage Grove Estates, LLC  
5990 Borden Road  
Fenwick, MI 48834

RE: License #: AS340316818  
**Cottage Grove Estates**  
**5990 Borden Road**  
**Fenwick, MI 48834**

Dear Ms. Bishop:

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.

A six-month provisional license is recommended. If you do not contest the issuance of a provisional license, you must indicate so in writing; this may be included in your corrective action plan or in a separate document. If you contest the issuance of a provisional license, you must notify this office in writing and an administrative hearing will be scheduled. Even if you contest the issuance of a provisional license, you must still submit an acceptable corrective action plan within 15 days.

Please contact me with any questions. If 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 cursive script that reads "Dawn M. Campbell".

Dawn Campbell, Licensing Consultant  
Bureau of Community and Health Systems  
611 W. Ottawa Street  
P.O. Box 30664  
Lansing, MI 48909  
(517) 899-5607

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

**I. IDENTIFYING INFORMATION**

<b>License #:</b>	AS340316818
<b>Licensee Name:</b>	Cottage Grove Estates, LLC
<b>Licensee Address:</b>	5990 Borden Road Fenwick, MI 48834
<b>Telephone #:</b>	(517) 526-2927
<b>Licensee Designee:</b>	Mary Bishop
<b>Administrator:</b>	Mary Bishop
<b>Name of Facility:</b>	Cottage Grove Estates
<b>Facility Address:</b>	5990 Borden Road Fenwick, MI 48834
<b>Facility Telephone #:</b>	(989) 637-4822
<b>Original Issuance Date:</b>	06/26/2012
<b>Capacity:</b>	6
<b>Program Type:</b>	AGED

## II. METHODS OF INSPECTION

Date of On-site Inspection(s): 02/22/2021

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

Date of Health Authority Inspection if applicable: 10/26/2020

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 4

No. of others interviewed 0 Role: 0

- 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. Licensee does not hold resident funds
- 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? 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:

**MCL 400.713**

**License required; application; forms; investigation; on-site evaluation; issuance or renewal of license; disclosures; maximum number of persons; stating type of specialized program; issuance of license to specific person at specific location; transferability of license; sale of facility; notice; items of noncompliance; refusal by department to issue or renew license; conditions; unlicensed facility; violation as misdemeanor; penalty; receipt of completed application; issuance of license within certain time period; inspections; report; criminal history and records check; storage of fingerprints in automated fingerprint identification system database; convictions; "completed application" defined.**

**(3) Before issuing or renewing a license, the department shall investigate the activities and standards of care of the applicant and shall make an on-site evaluation of the facility. On-site inspections conducted in response to the application may be conducted without prior notice to the applicant. On-site inspections conducted for renewing a license may be conducted within 12 months before the expiration date of the current license without impact on the license renewal date or the license fee. Subject to subsections (9), (10), and (11), the department shall issue or renew a license if satisfied as to all of the following:**

**(e) The good moral character of the licensee or licensee designee, owner, partner, director, and person responsible for the daily operation of the facility. The applicant is responsible for assessing the good moral character of the employees of the facility. The person responsible for the daily operation of the facility shall be not less than 18 years of age.**

Direct care staff A. Ibarra was hired in July 2020. Direct care staff D. Steed was hired in October of 2015. The Licensee has not assessed the good moral character of Ms. Steed or Ms. Ibarra by completing fingerprinting of either employee/direct care staff member as required prior to allowing each direct care staff member regular access to residents.

**R 400.14201            Qualifications of administrator, direct care staff, licensee, and members of the household; provision of names of employee, volunteer, or member of the household on parole or probation or convicted of felony; food service staff.**

(10) All members of the household, employees, and those volunteers who are under the direction of the licensee shall be suitable to assure the welfare of residents.

Direct care staff D. Steeb is a household member however licensee designee Mary Bishop did not ensure Ms. Steeb's suitability prior to allowing Ms. Steeb to reside in the home as a household member. This requires the submission of a **(BCHS-AFC 100)** to the department.

**R 400.14201            Qualifications of administrator, direct care staff, licensee, and members of the household; provision of names of employee, volunteer, or member of the household on parole or probation or convicted of felony; food service staff.**

(2) A licensee shall have the financial and administrative capability to operate a home to provide the level of care and program stipulated in the application.

Licensee designee Mary Bishop admitted Resident C to the facility and her level care is not stipulated in the original license application as Resident C is younger than the approved age range for this license or program type of aged.

**R 400.14203            Licensee and administrator training requirements.**

(1) A licensee and an administrator shall complete the following educational requirements specified in subdivision (a) or (b) of this subrule, or a combination thereof, on an annual basis:

(a) Participate in, and successfully complete, 16 hours of training designated or approved by the department that is relevant to the licensee's admission policy and program statement.

(b) Have completed 6 credit hours at an accredited college or university in an area that is relevant to the licensee's admission policy and program statement as approved by the department.

Licensee Designee Mary Bishop did not complete 16 hours of training in 2019 or 2020.

**R 400.14204            Direct care staff; qualifications and training.**

(3) A licensee or administrator shall provide in-service training or make training available through other sources to direct care staff. Direct care staff shall be competent before performing assigned tasks, which shall include being competent in all of the following areas:

- (a) Reporting requirements.
- (b) First aid.
- (c) Cardiopulmonary resuscitation.
- (d) Personal care, supervision, and protection.
- (e) Resident rights.
- (f) Safety and fire prevention.
- (g) Prevention and containment of communicable diseases.

The direct care staff files of Ms. Ibarra and Ms. Steeb did not contain verification of training/competence in:

- (a) Reporting requirements.
- (b) First aid.
- (c) Cardiopulmonary resuscitation.
- (d) Personal care, supervision, and protection.
- (e) Resident rights.
- (f) Safety and fire prevention.
- (g) Prevention and containment of communicable diseases.

**R 400.14205            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 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.

Direct care staff A. Ibarra was hired in July 2020. Direct care staff D. Steed was hired in October of 2015. The direct care staff files of Ms. Ibarra and Ms. Steed did not contain a statement signed by a licensed physician, or his or her designee, attesting to the knowledge of their physical health of within 30 days of their employment.

**R 400.14205 Health of a licensee, direct care staff, administrator, other employees, those volunteers under the direction of the licensee, and members of the household.**

(4) A licensee shall provide the department with written evidence that he or she and the administrator have been tested for communicable tuberculosis and that if the disease is present, appropriate precautions shall be taken. The results of subsequent testing shall be verified every 3 years thereafter.

- The file of Licensee Designee M. Bishop did not contain evidence that her TB testing is current.
- The direct care staff file of A. Ibarra did not contain evidence that she was tested for TB prior to employment.

**R 400.14205 Health of a licensee, direct care staff, administrator, other employees, those volunteers under the direction of the licensee, and members of the household.**

(6) A licensee shall annually review the health status of the administrator, direct care staff, other employees, and members of the household. Verification of annual reviews shall be maintained by the home and shall be available for department review.

- The file of Licensee Designee M. Bishop did not contain verification of annual health reviews being completed as the administrator for the facility.
- The file of direct care staff D. Steeb did not contain verification of annual health care reviews being completed.

**R 400.14208 Direct care staff and employee records.**

(1) A licensee shall maintain a record for each employee. The record shall contain all of the following employee information:

(a) Name, address, telephone number, and social security number.

(b) The professional or vocational license, certification, or registration number, if applicable.

(c) A copy of the employee's driver license if a direct care staff member or employee provides transportation to residents.



- (d) Verification of the age requirement.
- (e) Verification of experience, education, and training.
- (f) Verification of reference checks.
- (g) Beginning and ending dates of employment.
- (h) Medical information, as required.
- (i) Required verification of the receipt of personnel policies and job descriptions.

The files of direct care staff A. Ibarra and D. Steeb were incomplete and did not contain the following:

- (a) Name, address, telephone number, and social security number.
- (b) The professional or vocational license, certification, or registration number, if applicable.
- (c) A copy of the employee's driver license if a direct care staff member or employee provides transportation to residents.
- (d) Verification of the age requirement.
- (e) Verification of experience, education, and training.
- (f) Verification of reference checks.
- (g) Beginning and ending dates of employment.
- (h) Medical information, as required.
- (i) Required verification of the receipt of personnel policies and job descriptions.

**R 400.14208            Direct care staff and employee records.**

- (6) A licensee shall maintain a daily schedule of advance work assignments, which shall be kept for 90 days.

There were no staff schedules available for review during the inspection of current work assignments or the previous 90 days work assignments.

**R 400.14301            Resident admission criteria; resident assessment plan; emergency admission; resident care agreement; physician's instructions; health care appraisal.**

- (10) At the time of the resident's admission to the home, a licensee shall require that the resident or the resident's designated representative provide a written health care appraisal that is completed within the 90-day period before the resident's admission to the home. A written health care appraisal shall be completed at least annually. If a written health care appraisal is not available at the time of an emergency admission, a licensee shall require that the appraisal be obtained not later than 30 days after admission. A department health care appraisal form shall be used unless

prior authorization for a substitute form has been granted, in writing, by the department.

- The resident file of Resident B did not contain verification that a written health care appraisal was completed at the time of his admission to the facility (2019.) The resident file of Resident B did not contain verification that a written health care appraisal has been completed annually (2020.)
- The resident file of Resident C did not contain verification that a written health care appraisal was completed at the time of her admission to the facility (2019.) The resident file of Resident C did not contain verification that a written health care appraisal has been completed annually (2020.)
- The resident file of Resident D did not contain verification that a written health care appraisal was completed annually since her admission the facility (2018.)

**R 400.14301**

**Resident admission criteria; resident assessment plan; emergency admission; resident care agreement; physician's instructions; health care appraisal.**

(4) At the time of admission, and at least annually, a written assessment plan shall be completed with the resident or the resident's designated representative, the responsible agency, if applicable, and the licensee. A licensee shall maintain a copy of the resident's written assessment plan on file in the home.

- The resident file of Resident B did not contain verification that a written assessment plan was completed in 2020.
- The resident file of Resident C did not contain verification that a written assessment plan was completed upon her admission to the facility 2019 or completed to date.
- The resident file of Resident D did not contain verification that a written assessment plan has been completed since 2018.

**REPEAT VIOLATION ESTABLISHED: SI#2020A0579001, CAP Dated: 01/06/2020**

**REPEAT VIOLATION ESTABLISHED: 2017 Renewal Inspection, CAP Dated: 02/21/2017**

**R 400.14301**

**Resident admission criteria; resident assessment plan; emergency admission; resident care agreement; physician's instructions; health care appraisal.**

(6) At the time of a resident's admission, a licensee shall complete a written resident care agreement. A resident care agreement is the document which is established between the

resident or the resident's designated representative, the responsible agency, if applicable, and the licensee and which specifies the responsibilities of each party. A resident care agreement shall include all of the following:

(a) An agreement to provide care, supervision, and protection, and to assure transportation services to the resident as indicated in the resident's written assessment plan and health care appraisal.

(b) A description of services to be provided and the fee for the service.

(c) A description of additional costs in addition to the basic fee that is charged.

(d) A description of the transportation services that are provided for the basic fee that is charged and the transportation services that are provided at an extra cost.

(e) An agreement by the resident or the resident's designated representative or responsible agency to provide necessary intake information to the licensee, including health-related information at the time of admission.

(f) An agreement by the resident or the resident's designated representative to provide a current health care appraisal as required by subrule (10) of this rule.

(g) An agreement by the resident to follow the house rules that are provided to him or her.

(h) An agreement by the licensee to respect and safeguard the resident's rights and to provide a written copy of these rights to the resident.

(i) An agreement between the licensee and the resident or the resident's designated representative to follow the home's discharge policy and procedures.

(j) A statement of the home's refund policy. The home's refund policy shall meet the requirements of R 400.14315.

(k) A description of how a resident's funds and valuables will be handled and how the incidental needs of the resident will be met.

(l) A statement by the licensee that the home is licensed by the department to provide foster care to adults.

The resident file of Resident C did not contain verification that a written resident care agreement was completed upon her admission to the facility (2019.)

**REPEAT VIOLATION ESTABLISHED: SI#2020A0579001, CAP Dated: 01/06/2020**

**R 400.14301      Resident admission criteria; resident assessment plan; emergency admission; resident care agreement; physician's instructions; health care appraisal.**

(9) A licensee shall review the written resident care agreement with the resident or the resident's designated representative and responsible agency, if applicable, at least annually or more often if necessary.

The resident file of Residents B, C and D did not contain verification that written resident care agreements have been completed annually since their admission to the facility.

**REPEAT VIOLATION ESTABLISHED: SI#2020A0579001, CAP Dated: 01/06/2020  
REPEAT VIOLATION ESTABLISHED: 2017 Renewal Inspection, CAP Dated: 02/21/2017**

**R 400.14306      Use of assistive devices.**

(3) Therapeutic supports shall be authorized, in writing, by a licensed physician. The authorization shall state the reason for the therapeutic support and the term of the authorization.

Resident C uses a bed rail. Resident C's resident file did not contain written authorization for the use of the bed rail.

**R 400.14312      Resident medications.**

(1) Prescription medication, including dietary supplements, or individual special medical procedures shall be given, taken, or applied only as prescribed by a licensed physician or dentist. Prescription medication shall be kept in the original pharmacy-supplied container, which shall be labeled for the specified resident in accordance with the requirements of Act No. 368 of the Public Acts of 1978, as amended, being {333.1101 et seq. of the Michigan Compiled Laws, kept with the equipment to administer it in a locked cabinet or drawer, and refrigerated if required.

- Unlocked medications were found in the facility refrigerator and resident bedrooms.
- Residents A, B, C and D take over the counter dietary supplements that are not prescribed by a licensed physician.
- The medication room was unlocked.

**R 400.14313      Resident nutrition**

(6) Records of menus, including special diets, shall be kept by the licensee for 1 calendar year.

Records of menus for one calendar year have not been kept by the Licensee.

**R 400.14315 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.

Resident C's resident file did not contain a completed *Resident Funds Part II* transaction form.

**R 400.14403 Maintenance of premises.**

(5) Floors, walls, and ceilings shall be finished so as to be easily cleanable and shall be kept clean and in good repair.

The wall in Resident C's room has a large area that has an incomplete repair.

**R 400.14403 Maintenance of premises.**

(6) All plumbing fixtures and water and waste pipes shall be properly installed and maintained in good working condition. Each water heater shall be equipped with a thermostatic temperature control and a pressure relief valve, both of which shall be in good working condition.

The kitchen sink in the facility leaks into the cabinet below it and needs to be repaired.

**R 400.14408 Bedrooms generally.**

(4) Interior doorways of bedrooms that are occupied by residents shall be equipped with a side-hinged, permanently mounted door that is equipped with positive-latching, nonlocking-against-egress hardware.

- The bedroom doors of Resident C and Resident E rooms were not equipped with non-locking against egress hardware.

**R 400.14505 Smoke detection equipment; location; battery replacement; testing, examination, and maintenance; spacing of detectors mounted on ceilings and walls; installation requirements for new construction, conversions and changes of category.**

(1) At least 1 single-station, battery-operated smoke detector shall be installed at the following locations:

(a) Between the sleeping areas and the rest of the home. In homes that have more than 1 sleeping area, a smoke detector shall be installed to protect each separate sleeping area.

(b) On each occupied floor, in the basement, and in areas of the home that contain flame- or heat-producing equipment.

- There was no smoke detector in the kitchen of the facility.
- There was no smoke detector in the basement room that contains the furnace and hot water heater.
- There was no smoke detector in the basement where direct care staff resides.

**R 400.14506 Fire extinguishers; location, examination, and maintenance.**

(2) Fire extinguishers shall be examined and maintained as recommended by the manufacturer.

There was no verification that fire extinguishers in the kitchen or basement area of the facility have been inspected or maintained by Licensee Designee Mary Bishop.

**R 400.14510 Heating equipment generally.**

(2) A furnace, water heater, heating appliances, pipes, wood-burning stoves and furnaces, and other flame-or heat producing equipment shall be installed in a fixed or permanent manner and in accordance with a manufacturer's instructions and shall be maintained in a safe condition.

The dryer vent did not fix securely over the dryer for appropriate ventilation.

**R 400.14511 Flame-producing equipment; enclosures.**

(1) If the heating plant is located in the basement of a small group home, standard building material may be used for the floor separation. Floor separation shall also include at least 1 3/4-inch solid core wood door or equivalent to create a floor separation between the basement and the first floor.

The door creating separation between the basement and first floor was not self-closing and needs to be repaired/replaced.

#### IV. RECOMMENDATION

Contingent upon receipt of an acceptable corrective action plan, issuance of a provisional license is recommended.



02/25/2021

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Date

Licensing Consultant

Approved By:



03/16/2021

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Date

Dawn N. Timm  
Area Manager