



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

ORLENE HAWKS
DIRECTOR

May 27, 2021

Sheila Leadbetter
Barrett Regency, Inc.
1318 Maple
Rochester, MI 48307

RE: License #: AS630377781
Barrett Regency Inc
5101 N. Rochester
Rochester, MI 48306

Dear Ms. Leadbetter:

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 documentation of compliance or
- You are to submit a Statement of Correction.

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 "Kristen Donmay".

Kristen Donmay, Licensing Consultant
Bureau of Community and Health Systems
4th Floor, Suite 4B
51111 Woodward Avenue
Pontiac, MI 48342
(248) 296-2783

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

I. IDENTIFYING INFORMATION

License #:	AS630377781
Licensee Name:	Barrett Regency, Inc.
Licensee Address:	5101 N. Rochester Rochester, MI 48306
Licensee Telephone #:	(248) 494-6719
Licensee Designee:	Sheila Leadbetter
Name of Facility:	Barrett Regency Inc
Facility Address:	5101 N. Rochester Rochester, MI 48306
Facility Telephone #:	(248) 494-6719
Original Issuance Date:	05/10/2016
Capacity:	6
Program Type:	PHYSICALLY HANDICAPPED DEVELOPMENTALLY DISABLED AGED ALZHEIMERS

II. METHODS OF INSPECTION

Date of On-site Inspection(s): 05/27/2021

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

Date of Health Authority Inspection if applicable: 06/01/21

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 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.
- 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:

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.

During the onsite inspection, the assessment plan on file for Resident B was not updated annually in 2020 or 2021.

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.

During the onsite inspection, the resident care agreement on file for Resident A did not include the signature page. The resident care agreement on file for Resident B was not reviewed annually.

R 400.14310	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.

During the period under review, Resident B's weight was not recorded due to Resident B being unable to stand independently.

R 400.14312	Resident medications.
	(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:

	<p>(b) Complete an individual medication log that contains all of the following information:</p> <p>(v) The initials of the person who administers the medication, which shall be entered at the time the medication is given.</p>
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During the onsite inspection, I reviewed the medication logs for Resident A and Resident B and noted the following:

- Resident A's March 2021 medication log was not initialed on 03/02/21 for Eliquis 2.5mg
- Resident A's April 2021 medication log was not initialed on 04/09/21 for Memantine Hydrochloride 28mg or Eliquis 2.5mg.
- Resident B's April 2021 medication log was not initialed for Vitamin B12 1000mcg on 04/08/21 or 04/18/21.
- Resident B's April 2021 medication log was not initialed for Senna 8.6mg on 04/28/21.
- Resident B's April 2021 medication log was initialed on 04/31/21, but there are only 30 days in April.

R 400.14318	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.

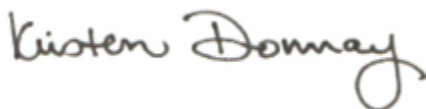
During the onsite inspection, there was no documentation on file showing that fire drills were completed during daytime, evening, and sleeping hours once per quarter for the period under review.

REPEAT VIOLATION ESTABLISHED

Renewal Licensing Study Report Dated: 06/10/2019; CAP dated: 06/23/2019

IV. RECOMMENDATION

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



05/27/21

Kristen Donnay
Licensing Consultant

Date