



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

ORLENE HAWKS  
DIRECTOR

July 13, 2021

Richard Ebeling  
Dayspring Assisted Living Residence  
572 Lake Forest Lane  
Muskegon, MI 49441-4714

RE: License #: AH610236774  
Dayspring Assisted Living Residence  
572 Lake Forest Lane  
Muskegon, MI 49441-4714

Dear Mr. Ebeling:

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 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 (616) 356-0100.

Sincerely,

A handwritten signature in blue ink that reads "Lauren Wohlfert".

Lauren Wohlfert, Licensing Staff  
Bureau of Community and Health Systems  
350 Ottawa, N.W. Unit 13, 7th Floor  
Grand Rapids, MI 49503  
(616) 260-7781  
enclosure

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

**I. IDENTIFYING INFORMATION**

<b>License #:</b>	AH610236774
<b>Licensee Name:</b>	Dayspring Inc.
<b>Licensee Address:</b>	572 Lake Forest Lane Muskegon, MI 49441
<b>Licensee Telephone #:</b>	(231) 780-2229
<b>Authorized Representative:</b>	Richard Ebeling
<b>Administrator:</b>	Shelly Simmons
<b>Name of Facility:</b>	Dayspring Assisted Living Residence
<b>Facility Address:</b>	572 Lake Forest Lane Muskegon, MI 49441-4714
<b>Facility Telephone #:</b>	(231) 780-2229
<b>Original Issuance Date:</b>	11/01/2000
<b>Capacity:</b>	72
<b>Program Type:</b>	AGED

## II. METHODS OF INSPECTION

Date of On-site Inspection(s): 7/13/21

Date of Bureau of Fire Services Inspection if applicable:

Inspection Type:  Interview and Observation  Worksheet  
 Combination

Date of Exit Conference: 7/13/21

No. of staff interviewed and/or observed 9  
No. of residents interviewed and/or observed 23  
No. of others interviewed 0 Role There were no visitors at the time of the inspection

- 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. No resident funds held in trust
- Meal preparation / service observed? Yes  No  If no, explain.
- Fire drills reviewed? Yes  No  If no, explain.  
Bureau of Fire Services reviews fire drills, disaster plans were reviewed with staff
- 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: CAP dated 11/2/20 rule 1922(5)
- Number of excluded employees followed up? 2 N/A

### III. DESCRIPTION OF FINDINGS & CONCLUSIONS

This facility was found to be in non-compliance with the following rules:

<b>R 325.1923</b>	<b>Employee's health.</b>
	<p><b>(2) A home shall provide initial tuberculosis screening at no cost for its employees. New employees shall be screened within 10 days of hire and before occupational exposure. The screening type and frequency of routine tuberculosis (TB) testing shall be determined by a risk assessment as described in the 2005 MMWR “Guidelines for Preventing the Transmission of Mycobacterium tuberculosis in Health-Care Settings, 2005” (<a href="http://www.cdc.gov/mmwr/pdf/rr/rr5417.pdf">http://www.cdc.gov/mmwr/pdf/rr/rr5417.pdf</a>), Appendices B and C, and any subsequent guidelines as published by the centers for disease control and prevention. Each home, and each location or venue of care, if a home provides care at multiple locations, shall complete a risk assessment annually. Homes that are low risk do not need to conduct annual TB testing for employees.</b></p>
<b>ANALYSIS:</b>	<p>Review of employee records and interviews with administrative staff revealed staff received annual TB testing, which is not consistent with this rule. It was also revealed that an annual TB risk assessment to determine whether TB testing was required was not completed.</p>
<b>CONCLUSION:</b>	<b>VIOLATION ESTABLISHED</b>

<b>R 325.1932</b>	<b>Resident medications.</b>
	<p><b>(3) If a home or the home's administrator or direct care staff member supervises the taking of medication by a resident, then the home shall comply with all of the following provisions:</b></p> <p style="padding-left: 40px;"><b>(b) Complete an individual medication log that contains all of the following information:</b></p> <p style="padding-left: 80px;"><b>(v) The initials of the person who administered the medication, which shall be entered at the time the medication is given.</b></p>

<b>ANALYSIS:</b>	Review of Resident B's July medication administration record (MAR) revealed staff did not initial whether her prescribed Hydralazine was administered on 7/4 and 7/12. There was no documentation on the MAR or in Resident B's staff notes to determine whether she received her prescribed dose.
<b>CONCLUSION:</b>	<b>VIOLATION ESTABLISHED</b>

**IV. RECOMMENDATION**

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



7/13/21

\_\_\_\_\_  
Date

Licensing Consultant