



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

ORLENE HAWKS  
DIRECTOR

June 24, 2021

Dale Berry  
The Manor at Glacier Hills Home for the Aged  
1200 Earhart  
Ann Arbor, MI 48105

RE: License #: AH810236789  
The Manor at Glacier Hills Home for the Aged  
1200 Earhart  
Ann Arbor, MI 48105

Dear Mr. Berry:

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 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,

A handwritten signature in cursive script that reads "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**

<b>License #:</b>	AH810236789
<b>Licensee Name:</b>	Glacier Hills Inc.
<b>Licensee Address:</b>	1200 Earhart Rd. Ann Arbor, MI 48105
<b>Licensee Telephone #:</b>	(734) 769-6410
<b>Authorized Representative:</b>	Dale Berry
<b>Administrator:</b>	Kathleen Butler
<b>Name of Facility:</b>	The Manor at Glacier Hills Home for the Aged
<b>Facility Address:</b>	1200 Earhart Ann Arbor, MI 48105
<b>Facility Telephone #:</b>	(734) 769-6410
<b>Original Issuance Date:</b>	09/11/2000
<b>Capacity:</b>	331
<b>Program Type:</b>	AGED

## II. METHODS OF INSPECTION

Date of On-site Inspection(s): 06/23/2021

Date of Bureau of Fire Services Inspection if applicable: On 6/23/21, per email correspondence with Bureau of Fire Services Inspector Gordon Poyhonen, the facility has received full approval.

Inspection Type: ☐ Interview and Observation ☒ Worksheet  
☐ Combination

Date of Exit Conference: 7/1/2021

No. of staff interviewed and/or observed 20

No. of residents interviewed and/or observed 28

No. of others interviewed [REDACTED] Role Visitors limited 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. The 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 services reviews fire drills. Disaster plans reviewed and staff interviewed 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: SIR 2021A1026022 dated 3/29/21: R325.1922(1), R325.1932(1), R325.1932(2), R325.1932(3), R325.1952(2), R325.1933, R325.1922(5)
- Number of excluded employees followed up? Six N/A ☐

### **III. DESCRIPTION OF FINDINGS & CONCLUSIONS**

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

**R 325.1913**

**Licenses and permits; general provisions.**

**(2) The applicant or the authorized representative shall give written notice to the department within 5 business days of any changes in information as submitted in the application pursuant to which a license, provisional license, or temporary nonrenewable permit has been issued.**

At the time of inspection, interview with administrator Kathleen Butler revealed there is new interim authorized representative of the facility as of 6/16/21. The department was not notified of the appointment of a new authorized representative.

**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.**

At the time of inspection, there were three residents with bedside assistive devices. I observed Resident B hospital bed with two ½ side rails with multiple slats and no coverings in which the space was large enough for a hand/foot to fit through and cause possible entangle/entrapment. Review of facility documentation revealed there was a physician order for the side rails, but it lacked specific reasons for use. I observed Resident H's hospital bed which had two ½ side rails with coverings. Review of facility documentation revealed there was not a physician order for Resident H's bed side rails. I observed Resident F's hospital bed with two ½ side rails with multiple slats and no covering in which the space was large enough for a hand/foot to fit through and cause possible entangle/entrapment. Review of facility documentation revealed there was not a physician order for Resident F's bed side rails.

Resident B, Resident H and Resident F's service plans lacked information about the device related to how staff are responsible to ensure the device was 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. Manufacturer guidelines were not available for reference.

The facility has a policy for use of bedside assistive devices but has not followed their procedure set forth for assistive devices such as obtaining a physician order, application of coverings, maintenance schedules and lack detail in the resident services plans regarding 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.

**R 325.1922**

**Admission and retention of residents.**

**(5) A home shall update each resident's service plan at least annually or if there is a significant change in the resident's care needs. Changes shall be communicated to the resident and his or her authorized representative, if any.**

Review of facility documentation revealed the service plans for Resident A, Resident B, Resident C, Resident E, Resident F, Resident G were not updated annually. Resident A's service plan was revised on 4/8/20. Resident B's service plan was revised on 1/22/20. Resident C's service plan was last revised on 4/9/19. Resident E's service plan was revised on 3/4/20. Resident F's service plan was revised on 11/15/19. Resident G's service plan was revised on 7/17/19. The service plans were not updated annually. The current service plans were not reviewed with the resident nor was there documentation of communication with the resident's authorized representative.

**R 325.1923**

**Employee's health.**

**(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? (<http://www.cdc.gov/mmwr/pdf/rr/rr5417.pdf>), 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.**

Ms. Butler was unable to provide an annual Tuberculosis (TB) risk assessment for the facility within the past 12 months.

**R 325.1931 Employees; general provisions.**

**(6) The home shall establish and implement a staff training program based on the home's program statement, the residents service plans, and the needs of employees, such as any of the following:**

- (a) Reporting requirements and documentation.**
- (b) First aid and/or medication, if any.**
- (c) Personal care.**
- (d) Resident rights and responsibilities.**
- (e) Safety and fire prevention.**
- (f) Containment of infectious disease and standard precautions.**
- (g) Medication administration, if applicable.**

Review employee file for Swalin Carr revealed no training records upon her hire date of 1/24/17.

**R 325.1964 Interiors.**

**(9) Ventilation shall be provided throughout the facility in the following manner:**

**(b) Bathing rooms, beauty shops, toilet rooms, soiled linen rooms, janitor closets, and trash holding rooms shall be provided with a minimum of 10 air changes per hour of continuously operated exhaust ventilation that provide discernable air flow into each of these rooms.**

At the time of inspection, observation of the environmental service supply closet revealed no ventilation. Director of Facility and Environmental Services Heath Hyder stated the existing exhaust system was not reinstalled in that room. Observation of room 222 revealed no vent in the bathroom. Mr. Hyder stated room 222 was renovated and when the bathroom was moved, a vent not reinstalled.

On 7/1/2021, I shared the findings of this report with licensee authorized representative Dale Berry. Mr. Berry verbalized understanding of the findings.

#### **IV. RECOMMENDATION**


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



6/25/21

Date

Licensing Consultant



6/29/21

Date

Russell Misiak  
Area Manager