



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

ORLENE HAWKS  
DIRECTOR

July 27, 2021

Michael McElroy  
Highland Home for the Aged  
1948 Cooper Street  
Jackson, MI 49202

RE: License #: AH380283614  
Highland Home for the Aged  
1948 Cooper Street  
Jackson, MI 49202

Dear Mr. McElroy:

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 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, 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 #:** AH380283614

**Licensee Name:** North Star Management Group, Inc.

**Licensee Address:** 2111 Epley Rd.  
Williamston, MI 48895

**Licensee Telephone #:** (517) 655-2323

**Authorized Representative/Administrator:** Michael McElroy

**Name of Facility:** Highland Home for the Aged

**Facility Address:** 1948 Cooper Street  
Jackson, MI 49202

**Facility Telephone #:** (517) 782-1900

**Original Issuance Date:** 06/28/2006

**Capacity:** 32

**Program Type:** AGED  
ALZHEIMERS

## II. METHODS OF INSPECTION

Date of On-site Inspection(s): 07/27/2021

Date of Bureau of Fire Services Inspection if applicable: 04/28/2021

Inspection Type:  Interview and Observation  Worksheet  
 Combination

Date of Exit Conference: 7/27/21

No. of staff interviewed and/or observed 8  
No. of residents interviewed and/or observed 23  
No. of others interviewed 0 Role No visitors at time of 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.
- 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 plan reviewed and staff interviewed regarding disaster plan.
- 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 8/8/19 for Renewal LSR dated 7/23/19: R325.1932(1), R325.1976(6)
- Number of excluded employees followed up? One N/A

### III. DESCRIPTION OF FINDINGS & CONCLUSIONS

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

**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.**

At the time of inspection, authorized representative and administrator Michael McElroy stated an annual tuberculosis (TB) risk assessment was not completed for the facility within the last year. This risk assessment is also required per administrative rule 325.1922 (7) for the protection of residents.

#### **VIOLATION ESTABLISHED**

**R 325.1932            Resident medications.**

**(1) Medication shall be given, taken, or applied pursuant to labeling instructions or orders by the prescribing licensed health care professional.**

Review of resident medications administration records (MAR) revealed a lack of instruction for staff to follow when administering as needed medications. For example, Resident A was prescribed Lorazepam 0.5 mg with instruction to administer one tablet by mouth every six hours. In addition, Resident A was prescribed Lorazepam 0.5 mg with instruction to administer to take one additional tablet twice a day as needed. The instructions lacked what conditions staff should administer the as needed medication for and when the medication can be administered with the scheduled Lorazepam. Resident A also had Morphine sulfate 100/5 mL prescribed with instructions to take 0.5 mg by mouth every 2 hours as needed. The instructions for Morphine sulfate lacked what conditions staff should administer the medications for. For example, on 6/26/21 and 6/28, staff marked "agitation" for the reason the Morphine sulfate was given. On 7/4 and 7/5, staff marked "anxiety" and "agitation and anxiety" for the reasons the Morphine sulfate was given.

**VIOLATION ESTABLISHED**

On 7/27/21, I shared the findings of this report with authorized representative Michael McElroy. Mr. McElroy verbalized understanding of the citations.

**IV. RECOMMENDATION**

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

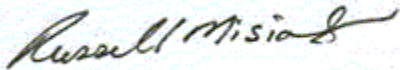


7/28/21

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Date

Licensing Consultant



7/28/21

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Date

Licensing Consultant