



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

ORLENE HAWKS
DIRECTOR

September 17, 2021

Delores Gardner
1095 Langeland
Muskegon, MI 49442

RE: License #:	AF610336193 Cassadee 1095 Langeland Muskegon, MI 49442
----------------	---

Dear Ms. Gardner:

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 and therefore, a regular license is issued.

- . To verify your implementation and compliance with this corrective action plan:
 - You submitted a Statement of Correction.

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 (616) 356-0100.

Sincerely,

Elizabeth Elliott, Licensing Consultant
Bureau of Community and Health Systems
Unit 13, 7th Floor
350 Ottawa, N.W.
Grand Rapids, MI 49503
(616) 901-0585

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

I. IDENTIFYING INFORMATION

License #:	AF610336193
Licensee Name:	Delores Gardner
Licensee Address:	1095 Langeland Muskegon, MI 49442
Licensee Telephone #:	(231) 246-5095
Licensee/Licensee Designee:	N/A
Administrator:	N/A
Name of Facility:	Cassadee
Facility Address:	1095 Langeland Muskegon, MI 49442
Facility Telephone #:	(231) 773-9782
Original Issuance Date:	03/11/2013
Capacity:	6
Program Type:	PHYSICALLY HANDICAPPED DEVELOPMENTALLY DISABLED AGED TRAUMATICALLY BRAIN INJURED

II. METHODS OF INSPECTION

Date of On-site Inspection(s): 08/26/2021

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

Date of Health Authority Inspection if applicable: N/A

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 0
No. of others interviewed 1 Role: Licensee-D. Gardner

- Medication pass / simulated pass observed? Yes No If no, explain.
At the time of the inspection, resident medications were not being administered. A review of the resident MARs and medications was conducted.
- 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 400.1416	Resident health care.
	(1) A licensee, in conjunction with a resident’s cooperation, shall follow the instructions and recommendations of a resident’s physician with regard to such items as medications, special diets, and other resident health care needs that can be provided in the home.
Finding: Resident bedrails are not documented in the assessment plans. Licensee Response: Ms. Gardner stated resident bedrails will be documented in the resident assessment plans as assistive devices.	
R 400.1418	Resident medications.
	(2) Medication shall be given pursuant to label instructions.
Finding: Resident medication Triamcinolone Acetonide 0.025% cream is documented as a daily medication but administered as a PRN (as needed). Licensee Response: Ms. Gardner stated Resident JD’s medication will be changed to a PRN, as needed medication.	

A corrective action plan was requested and approved on 08/26/2021. It is expected that the corrective action plan be implemented within the specified time frames as outlined in the approved plan. A follow-up evaluation may be made to verify compliance. Should the corrections not be implemented in the specified time, it may be necessary to reevaluate the status of your license.

An Exit Conference was conducted with Ms. Gardner on 08/26/2021 and a corrective action plan received.

IV. RECOMMENDATION

I recommend issuance of a regular license to this AFC adult family home (capacity 6).

Elizabeth Elliott

09/17/2021

Elizabeth Elliott
Licensing Consultant

Date