



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

ORLENE HAWKS
DIRECTOR

September 21, 2021

Sandra Delgado
Sisters of the Order of St. Dominic of GR
2025 Fulton St. E.
Grand Rapids, MI 49503

RE: License #: AH410336779
Aquinata Hall
153 Lakeside Dr. NE
Grand Rapids, MI 49503

Dear Sister Delgado:

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,

Lauren Wohlfert, Licensing Staff
Bureau of Community and Health Systems
Unit 13, 7th Floor
350 Ottawa, N.W.
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

License #:	AH410336779
Licensee Name:	Sisters of the Order of St. Dominic of GR
Licensee Address:	2025 Fulton St. E. Grand Rapids, MI 49503
Licensee Telephone #:	(616) 643-0130
Authorized Representative/	Sandra Delgado
Administrator:	Rachel Romero
Name of Facility:	Aquinata Hall
Facility Address:	153 Lakeside Dr. NE Grand Rapids, MI 49503
Facility Telephone #:	(616) 259-1703
Original Issuance Date:	02/15/2013
Capacity:	45
Program Type:	ALZHEIMERS AGED

II. METHODS OF INSPECTION

Date of On-site Inspection(s): 9/21/21

Date of Bureau of Fire Services Inspection if applicable: 1/13/21

Inspection Type: Interview and Observation Worksheet
 Combination

Date of Exit Conference: 9/21/21

No. of staff interviewed and/or observed 15

No. of residents interviewed and/or observed 23

No. of others interviewed 0 Role No visitors present during 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: N/A
- Number of excluded employees followed up? N/A

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

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

R 325.1922	Admission and retention of residents.
	<p>(7) An individual admitted to residence in the home shall have evidence of initial tuberculosis screening on record in the home that was performed within 12 months before admission. Initial screening may consist of an intradermal skin test, a blood test, a chest x-ray, or other methods recommended by the public health authority. 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. A 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 have to conduct annual TB testing for residents.</p>
ANALYSIS:	<p>Review of the facility’s TB documents revealed an annual TB risk assessment was not completed. Residents and staff were screened for TB symptoms; however the facility’s county TB statistics were not reviewed to determine whether the county is a low, medium, or high risk.</p>
CONCLUSION:	VIOLATION ESTABLISHED

IV. RECOMMENDATION

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

Lauren Wohlfart

9/21/21

Licensing Consultant Date