

GRETCHEN WHITMER
GOVERNOR

## STATE OF MICHIGAN DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS LANSING

ORLENE HAWKS DIRECTOR

June 1, 2021

Cavel Young Comfort Living Home L.L.C. #2 2111 N. Drake Rd. Kalamazoo, MI 49006

RE: License #: AS390402639

Comfort Living Home #2 2918 W. Milham Avenue Portage, MI 49024

Dear Ms. Young:

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. To verify your implementation and compliance with this corrective action plan you are to submit the following items by July 1, 2021.

- Documentation verifying direct care workers Aleena Hawkins, Ruth Tuyishime, and Alice Uwimbabazi completed hands-on first aid and CPR training and are competent in these areas.
- Documentation verifying Ms. Hawkins, Ms. Tuyishime, and Ms. Uwimbabazi's age.
- At least two reference checks for Ms. Hawkins, Ms. Tuyishime, and Ms. Uwimbabazi.
- Verification Ms. Hawkins, Ms. Tuyishime, and Ms. Uwimbabazi received a copy of the facility's personnel policies and their job description.
- A copy of a daily schedule of advanced work assignments that includes job titles and the hours of each shift.
- A copy of Resident A's updated assessment plan.
- A copy of Resident A's written authorization for the use of offloading boots and a mechanical lift, including the terms of the authorizations.

- A copy of Resident B and C's written authorizations for the use of a hospital bed with bedrails, including the terms of the authorizations.
- Verification Resident B and D's medication insulin is located in a locked box inside the facility's refrigerator.
- The temperature of the facility's water will be tested at the next on-site inspection.

Please contact me with any questions. In the event that I am not available, and you need to speak to someone immediately, you may contact the local office at (517) 284-9730.

Sincerely,

michele Struter

Michele Streeter, Licensing Consultant Bureau of Community and Health Systems 611 W. Ottawa Street P.O. Box 30664 Lansing, MI 48909

(269) 251-9037

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

## I. IDENTIFYING INFORMATION

**License #:** AS390402639

**Licensee Name:** Comfort Living Home L.L.C. #2

**Licensee Address:** 2111 N. Drake Rd.

Kalamazoo, MI 49006

**Licensee Telephone #:** (269) 760-1182

Licensee Designee: Cavel Young

Administrator: Cavel Young

Name of Facility: Comfort Living Home #2

**Facility Address:** 2918 W. Milham Avenue

Portage, MI 49024

**Facility Telephone #:** (269) 760-1182

Original Issuance Date: 06/11/2020

Capacity: 6

Program Type: AGED

TRAUMATICALLY BRAIN INJURED

## **II. METHODS OF INSPECTION**

Date of On-site Inspection(s): 06/01/2021	
Date of Bureau of Fire Services Inspection if applicable: N/A	
Date of Health Authority Inspection if applicable: N/A	
Insp	ection Type:  ☐ Interview and Observation ☐ Worksheet ☐ Combination ☐ Full Fire Safety
No. of staff interviewed and/or observed  No. of residents interviewed and/or observed  No. of others interviewed  Role:	
•	Medication pass / simulated pass observed? Yes ⊠ No ☐ If no, explain.
•	Medication(s) and medication record(s) reviewed? Yes $\boxtimes$ No $\square$ If no, explain.
•	Resident funds and associated documents reviewed for at least one resident? Yes $\square$ No $\boxtimes$ If no, explain. No resident funds held in trust at the time of onsite inspection. Meal preparation / service observed? Yes $\boxtimes$ No $\square$ 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 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 400.14204 Direct care staff; qualifications and training.

- (3) A licensee or administrator shall provide in-service training or make training available through other sources to direct care staff. Direct care staff shall be competent before performing assigned tasks, which shall include being competent in all of the following areas:
- (b) First aid.
- (c) Cardiopulmonary resuscitation

FINDING: The licensee utilizes temporary direct care workers Aleena Hawkins, Ruth Tuyishime, and Alice Uwimbabazi from the temporary staffing agency Life Nursing Inc. During the on-site inspection, it was established licensee designee Cavel Young obtained documentation verifying that, due to the Covid 19 pandemic, Ms. Hawkins, Ms. Tuyishime, and Ms. Uwimbabazi received some first aid and CPR training online.

Ms. Young must provide Ms. Hawkins, Ms. Tuyishime, and Ms. Uwimbabazi inperson first aid and CPR training and show proof they are competent in these areas.

## R 400.14208 Direct care staff and employee records.

- (1) A licensee shall maintain a record for each employee. The record shall contain all of the following employee information:
- (d) Verification of the age requirement.
- (e) Verification of experience, education, and training.
- (f)Verification of reference checks.
- (i)Required verification of the receipt of personnel policies and job descriptions.

FINDING: Ms. Hawkins, Ms. Tuyishime, and Ms. Uwimbabazi's employee records did not contain verification of their age, their education, and at least two reference checks, as well as verification they received a copy of the facility's personnel policies and their job descriptions.

#### R 400.14208 Direct care staff and employee records.

- (3) A licensee shall maintain a daily schedule of advance work assignments, which shall be kept for 90 days. The schedule shall include all of the following information:
- (b)Job titles.
- (c)Hours or shifts worked.

FINDING: Daily work schedules did not include job titles and the times of each shift.

## R 400.14301

Resident admission criteria; resident assessment plan; emergency admission; resident care agreement; physician's instructions; health care appraisal.

- (2) A licensee shall not accept or retain a resident for care unless and until the licensee has completed a written assessment of the resident and determined that the resident is suitable pursuant to all of the following provisions:
- (a) The amount of personal care, supervision, and protection that is required by the resident is available in the home.
- (b) The kinds of services, skills, and physical accommodations that are required of the home to meet the resident's needs are available in the home.
- (c) The resident appears to be compatible with other residents and members of the household.

FINDING: Resident A had a written order indicating she was to be repositioned every two hours. This was not specified in her AFC assessment plan. Resident AFC assessment plans must reflect the current care needs of each resident.

#### R 400.14306 Use of assistive devices.

(2) An assistive device shall be specified in a resident's written assessment plan and agreed upon by the resident or the resident's designated representative and the licensee.

(3) Therapeutic supports shall be authorized, in writing, by a licensed physician. The authorization shall state the reason for the therapeutic support and the term of the authorization.

FINDING: Resident A had a written authorization from a licensed physician for the use of offloading boots and a mechanical lift. These authorizations did not include the terms.

Resident A's use of offloading boots was not specified in her AFC assessment plan.

Residents B and C had written authorizations from a licensed physician for the use of a hospital bed with bedrails. These authorizations did not include the terms.

## R 400.14312 Resident medications.

(1) Prescription medication, including dietary supplements, or individual special medical procedures shall be given, taken, or applied only as prescribed by a licensed physician or dentist. Prescription medication shall be kept in the original pharmacy-supplied container, which shall be labeled for the specified resident in accordance with the requirements of Act No. 368 of the Public Acts of 1978, as amended, being {333.1101 et seq. of the Michigan Compiled Laws, kept with the equipment to administer it in a locked cabinet or drawer, and refrigerated if required.

FINDING: During the on-site inspection, Resident B and D's medication insulin was observed in the facility's refrigerator. The refrigerator was not equipped with a lock.

## R 400.14401 Environmental health.

(2) Hot and cold running water that is under pressure shall be provided. A licensee shall maintain the hot water temperature for a resident's use at a range of 105 degrees Fahrenheit to 120 degrees Fahrenheit at the faucet.

FINDING: Water tested at the facility's kitchen sink was 103 degrees Fahrenheit.

Water tested at the sink in the back bathroom was 99 degrees Fahrenheit.

Water tested at the sink in hall wall bathroom #1 was 98 degrees Fahrenheit.

Water tested at the sink in hall wall bathroom #2 was 99 degrees Fahrenheit.

A corrective action plan was requested and approved on 06/01/2021. 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.

## IV. RECOMMENDATION

An acceptable corrective action plan has been received. Renewal of the license is recommended.

Michele Streeter Date
Licensing Consultant