



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

ORLENE HAWKS
DIRECTOR

October 18, 2021

Sarah Marsh
Aspen Grove Assisted Living
7515 Secor Rd
Lambertville, MI 48144

RE: License #: AH580356894
Aspen Grove Assisted Living
7515 Secor Rd
Lambertville, MI 48144

Dear Ms. Marsh:

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

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| License #: | AH580356894 |
| Licensee Name: | CSL Aspen Grove, LLC |
| Licensee Address: | Suite 300 14160 Dallas Pkwy Dallas, TX 75254 |
| Licensee Telephone #: | (972) 770-5600 |
| Authorized Representative/ Administrator: | Sarah Marsh |
| Name of Facility: | Aspen Grove Assisted Living |
| Facility Address: | 7515 Secor Rd Lambertville, MI 48144 |
| Facility Telephone #: | (734) 856-4400 |
| Original Issuance Date: | 03/28/2014 |
| Capacity: | 83 |
| Program Type: | AGED ALZHEIMERS |

II. METHODS OF INSPECTION

Date of On-site Inspection(s): 10/14/2021

Date of Bureau of Fire Services Inspection if applicable: 6/11/21

Inspection Type: Interview and Observation Worksheet
 Combination

Date of Exit Conference: 10/14/21

No. of staff interviewed and/or observed 18

No. of residents interviewed and/or observed 42

No. of others interviewed 1 Role A resident's daughter

- 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:
Renewal LSR dated 7/27/18 to CAP dated 8/17/18: R325.1953, R325.1932(2), R325.1976(2), R325.1932(1), R325.1932(3), R325.1976(13), R325.1964(9)
- SIR 2018A1011035 dated 10/30/18 to CAP dated 11/13/18: R325.1924(3), R325.1924(1), R325.1931(7), R325.1931(3), R325.1932(1)
- Number of excluded employees followed up? Ten 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.

Review of employee file for Tabbitha Roderick revealed a tuberculosis (TB) screening was not completed within 10 days of hire and before occupational exposure.

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 of employee file for Tabbitha Roderick revealed no evidence Ms. Roderick received training as medication technician upon hire with the facility on 6/21/21. Additionally, Ms. Roderick stated she did not know where the disaster plan was located.

I shared the finding of this report with facility authorized representative Sarah Marsh upon completion of my inspection at the facility. Ms. Marsh verbalized understanding of the findings.

IV. RECOMMENDATION

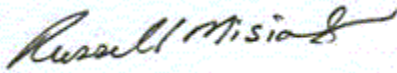
Contingent upon receipt of an acceptable corrective action plan, renewal of the license is recommended.



10/18/21

Date

Licensing Consultant



10/18/21

Date

Area Manager