



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

ORLENE HAWKS
DIRECTOR

June 16, 2021

Sherri Turner
Adult Learning Systems-Lower Michigan
8170 Jackson Road Suite F
Ann Arbor, MI 48103

RE: License #: AS630082923
Jamestowne CLF
24243 Jamestown
Novi, MI 48375

Dear Ms. Turner:

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 or licensee designee or home for the aged, authorized representative and a date.

Upon receipt of an acceptable corrective plan, a regular license will be issued. If you fail to submit an acceptable corrective action plan, disciplinary action will result.

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 (248) 975-5053.

Sincerely,

A handwritten signature in blue ink, appearing to read "K. Lewis".

Kenyatta Lewis, Licensing Consultant
Bureau of Community and Health Systems
4th Floor, Suite 4B
51111 Woodward Avenue
Pontiac, MI 48342
(248) 296-2078

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

I. IDENTIFYING INFORMATION

License #: AS630082923

Licensee Name: Adult Learning Systems-Lower Michigan

Licensee Address: 8170 Jackson Road Suite F
Ann Arbor, MI 48103

Licensee Telephone #: (734) 408-0112

Licensee/Licensee Designee: Sherri Turner,

Administrator: Traci Shier

Name of Facility: Jamestowne CLF

Facility Address: 24243 Jamestown
Novi, MI 48375

Facility Telephone #: (734) 408-0112

Original Issuance Date: 02/22/1999

Capacity: 6

Program Type: MENTALLY ILL

II. METHODS OF INSPECTION

Date of On-site Inspection(s): 06/15/2021

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

Date of Environmental/Health Inspection if applicable: N/A

Inspection Type: Interview and Observation Worksheet
 Combination Full Fire Safety

No. of staff interviewed and/or observed 2

No. of residents interviewed and/or observed 3

No. of others interviewed 0 Role: [REDACTED]

- Medication pass / simulated pass observed? Yes No If no, explain.
- 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.
The onsite inspection did not occur during meal prep or meal service.
- 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? 1 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 400.14301 Resident admission criteria; resident assessment plan; emergency admission; resident care agreement; physician's instructions; health care appraisal.

(6) At the time of a resident's admission, a licensee shall complete a written resident care agreement. A resident care agreement is the document which is established between the resident or the resident's designated representative, the responsible agency, if applicable, and the licensee and which specifies the responsibilities of each party. A resident care agreement shall include all of the following:

(k) A description of how a resident's funds and valuables will be handled and how the incidental needs of the resident will be met.

During the onsite inspection, I observed that there was no description of how Resident H's funds would be handled. The checkboxes on the resident care agreement were blank.

R 400.14301 Resident admission criteria; resident assessment plan; emergency admission; resident care agreement; physician's instructions; health care appraisal.

(9) A licensee shall review the written resident care agreement with the resident or the resident's designated representative and responsible agency, if applicable, at least annually or more often if necessary.

The designated representative signatures on Resident H's resident care agreement in 2020 and 2021 were totally different. The home manger stated that the same person signed the resident care agreement. There is concern that the resident care agreement was signed by someone other than Resident H's designated representative.

R 400.14315 Handling of resident funds and valuables.

(3) A licensee shall have a resident's funds and valuables transaction form completed and on file for each resident. A

department form shall be used unless prior authorization for a substitute form has been granted, in writing, by the department.

The funds part II form for Resident R's personal allowance was not completed in 2021 or 2021.

R 400.14316 Resident records.

- (1) A licensee shall complete, and maintain in the home, a separate record for each resident and shall provide record information as required by the department. A resident record shall include, at a minimum, all of the following information:
 - (a) Identifying information, including, at a minimum, all of the following:
 - (iii) Former address.
 - (iv) Name, address, and telephone number of the next of kin or the designated representative.
 - (vii) Medical insurance.
 - (ix) Resident's religious preference information.

The former addresses and religious preferences for Resident H and Resident R were not documented on each resident's identification record. The address of Resident H's designated representative was not documented on his resident identification record. Resident R's medical insurance information was not documented on his resident identification record.

R 400.14401 Environmental health.

- (4) All garbage and rubbish that contains food wastes shall be kept in leakproof, nonabsorbent containers. The containers shall be kept covered with tight-fitting lids and shall be removed from the home daily and from the premises at least weekly.

The rubbish container lids were placed behind each container located in the kitchen and in the full bathroom.

R 400.14401 Environmental health.

- (6) Poisons, caustics, and other dangerous materials shall be stored and safeguarded in nonresident areas and in non-food preparation storage areas.

During the onsite inspection, I observed dishwasher tabs under the kitchen cabinet. The kitchen cabinet was not secured with a lock.

R 400.14401 Environmental health.

(8) Hand-washing facilities that are provided in both the kitchen and bathroom areas shall include hot and cold water, soap, and individual towels, preferably paper towels.

I did not observe any paper or cloth towels in any of the facility bathrooms.

R 400.14402 Food service.

(3) All perishable food shall be stored at temperatures that will protect against spoilage. All potentially hazardous food shall be kept at safe temperatures. This means that all cold foods are to be kept cold, 40 degrees Fahrenheit or below, and that all hot foods are to be kept hot, 140 degrees Fahrenheit or above, except during periods that are necessary for preparation and service. Refrigerators and freezers shall be equipped with approved thermometers.

The refrigerator thermometer registered at 50 degrees Fahrenheit.

R 400.14402 Food service.

(4) All food service equipment and utensils shall be constructed of material and that is nontoxic, easily cleaned and maintained in good repair. All food services equipment and eating and drinking utensils shall be thoroughly cleaned after each use.

I observed several pots and pans that were not in good repair. The non-stick coating was severely scratched or completely deteriorated.

R 400.14403 Maintenance of premises.

(12) Sidewalks, fire escape routes, and entrances shall be kept reasonably free of hazards, such as ice, snow, and debris.

I observed a trash bag on the front porch near the front door of the facility. I observed several trash bags strewn about the garage area.

R 400.14403 Maintenance of premises.

(13) A yard area shall be kept reasonably free from all hazards, nuisances, refuse, and litter.

I observed that the front yard area was overgrown with weeds at the entrance of the facility. Some of the weeds were approximately 3 - 4 feet tall.

R 400.14403 Maintenance of premises.

(2) Home furnishings and housekeeping standards shall present a comfortable, clean, and orderly appearance.

I observed that the tub in the full bathroom was dirty. I observed piles of dirty clothes in the resident's bedrooms. There were dirty clothes in some of the bedroom closets, on top of the dresser, and on the bedroom floors. I noted a foul odor in the resident's bedrooms due to the dirty clothes. The facility is equipped with a washer and dryer.

IV. RECOMMENDATION

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



06/16/2021

Date

Licensing Consultant