



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

ORLENE HAWKS  
DIRECTOR

June 21, 2021

Jeanette Glasscoe  
Loving Care & Comfort LLC  
414 Leland Pl  
Lansing, MI 48917

RE: License #: AS230392758  
**Loving Care & Comfort LLC**  
**4406 Elmshaven Drive**  
**Lansing, MI 48917**

Dear Ms. Glasscoe:

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.  
matter.

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 (517) 284-9730.

Sincerely,

A handwritten signature in cursive script that reads "Dawn M. Campbell".

Dawn Campbell, Licensing Consultant  
Bureau of Community and Health Systems  
611 W. Ottawa Street  
P.O. Box 30664  
Lansing, MI 48909  
(517) 899-5607

611 W. OTTAWA • P.O. BOX 30664 • LANSING, MICHIGAN 48909  
[www.michigan.gov/lara](http://www.michigan.gov/lara) • 517-335-1980

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

**I. IDENTIFYING INFORMATION**

<b>License #:</b>	AS230392758
<b>Licensee Name:</b>	Loving Care & Comfort LLC
<b>Licensee Address:</b>	414 Leland Pl Lansing, MI 48917
<b>Licensee Telephone #:</b>	(517) 391-4572
<b>Licensee/Licensee Designee:</b>	Jeanette Glasscoe
<b>Administrator:</b>	Jeanette Glasscoe
<b>Name of Facility:</b>	Loving Care & Comfort LLC
<b>Facility Address:</b>	4406 Elmshaven Drive Lansing, MI 48917
<b>Facility Telephone #:</b>	(517) 816-8444
<b>Original Issuance Date:</b>	01/14/2019
<b>Capacity:</b>	6
<b>Program Type:</b>	DEVELOPMENTALLY DISABLED MENTALLY ILL

## II. METHODS OF INSPECTION

Date of On-site Inspection(s): 06/08/2021

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 2

No. of residents interviewed and/or observed 3

No. of others interviewed  Role: 0

- 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. Licensee does not keep resident funds.
- 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:  
Renewal 2019, rules 204 (3) (b), 204 (3) (c) 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 330.1803 Facility environment; fire safety.**

**(1) A facility that has a capacity of 4 to 6 clients shall be equipped with an interconnected multi-station smoke detection system which is powered by the household electrical service and which, when activated, initiates an alarm that is audible in all areas of the home. The smoke detection system shall be installed on all levels, including basements, common activity areas, and outside each sleeping area, but excluding crawl spaces and unfinished attics, so as to provide full coverage of the home. The system shall include a battery backup to assure that the system is operable if there is an electrical power failure and accommodate the sensory impairments of clients living in the facility, if needed. A fire safety system shall be installed in accordance with the manufacturer's instructions by a licensed electrical contractor and inspected annually. A record of the inspections shall be maintained at the facility.**

The facility is not equipped with an interconnected multi-station, smoke detection system with battery backup in all areas of the facility. The basement areas are specifically not interconnected within the facility.

**R 330.1803 Facility environment; fire safety.**

**(3) A facility that has a capacity of 4 or more clients shall conduct and document fire drills at least once during daytime, evening, and sleeping hours during every 3 month period.**

The Licensee Designee did not conduct/document fire drills as required in the year of 2020.

**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.

Direct care staff Rachel Glasscoe and direct care Patricia Bell did not receive first aid training when they began employment at the facility.

**REPEAT VIOLATION: RENEWAL INSPECTION 2019**

**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:

(c) Cardiopulmonary resuscitation.

Direct care staff Rachel Glasscoe and direct care staff Patricia Bell did not receive CPR training when they began employment at the facility.

**REPEAT VIOLATION: RENEWAL INSPECTION 2019**

**R 400.14205 Health of a licensee, direct care staff, administrator, other employees, those volunteers under the direction of the licensee, and members of the household.**

(6) A licensee shall annually review the health status of the administrator, direct care staff, other employees, and members of the household. Verification of annual reviews shall be maintained by the home and shall be available for department review.

Facility administrator Jeanette Glasscoe did not have verification of an annual health review for the year of 2020 in her employee file.

Direct care staff Patricia Bell did not have verification of an annual health review for the year of 2020 in her in her employee file.

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

(10) At the time of the resident's admission to the home, a licensee shall require that the resident or the resident's designated representative provide a written health care appraisal that is completed within the 90-day period before the resident's admission to the home. A written health care appraisal shall be completed at least annually. If a written

health care appraisal is not available at the time of an emergency admission, a licensee shall require that the appraisal be obtained not later than 30 days after admission. A department health care appraisal form shall be used unless prior authorization for a substitute form has been granted, in writing, by the department.

The resident files of Resident A, B and C did not contain a written health care appraisal for the year of 2020.

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

(4) At the time of admission, and at least annually, a written assessment plan shall be completed with the resident or the resident's designated representative, the responsible agency, if applicable, and the licensee. A licensee shall maintain a copy of the resident's written assessment plan on file in the home.

The resident files of Residents B and C did not contain a written assessment plan for the year of 2020.

**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 resident files of Resident A, B and C did not contain a written resident care agreement for the year of 2020.

**R 400.14306      Use of assistive devices.**

(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.

Resident C uses a hospital bed with attached bed rails. Resident C's resident file does not contain written authorization from a physician authorizing the use of the hospital bed with rails.

**R 400.14313 Resident nutrition.**

(6) Records of menus, including special diets, shall be kept by the licensee for 1 calendar year.

The Licensee Designee does not have a record of menus including special diets for 1 calendar year.

**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.

The water temperature in the facility kitchen and resident bathroom measured above 120 degrees Fahrenheit.

**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.

Poisons and caustics were unlocked under the kitchen sink of the facility.

**R 400.14407 Bathrooms.**

(3) Bathrooms shall have doors. Only positive-latching, non-locking-against-egress hardware may be used. Hooks and eyes, bolts, bars, and other similar devices shall not be used on bathroom doors.

One resident bathroom in the facility uses a chain lock and does not contain positive-non-latching against egress hardware installed.

**R 400.14503 Interior finishes and materials generally.**

(3) The attaching of interior finish materials, other than dry wall, plaster, or natural solid wood that is, not less than 3/4 of an inch thick, directly to wall studs or to floor or ceiling joists is prohibited. Suspended ceilings constructed of a class A material that is 1/4 inch or greater in thickness and installed in accordance to manufacturers specifications shall be permitted.



The walls leading to the basement of the facility are made of plywood paneling less than 3/4 of an inch thick and is directly attached to wall studs.

**R 400.14511      Flame-producing equipment; enclosures.**

(1) If the heating plant is located in the basement of a small group home, standard building material may be used for the floor separation. Floor separation shall also include at least 1 3/4-inch solid core wood door or equivalent to create a floor separation between the basement and the first floor.

The heating plant is in the basement of the facility and does not have a 1 3/4 – inch solid core self-closing door. The door was also “propped” open.

**IV. RECOMMENDATION**

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



06/21/2021

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Dawn Campbell  
Licensing Consultant

Date