



STATE OF MICHIGAN
 DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
 LANSING

GRETCHEN WHITMER
 GOVERNOR

ORLENE HAWKS
 DIRECTOR

November 18, 2021

Kelly Cornford
 Union Court Assisted Living
 302 Fulton St.
 St. Charles, MI 48655

RE: License #:	AH730301115 Union Court Assisted Living 302 Fulton St. St. Charles, MI 48655
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Dear Ms. Cornford:

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 (517) 284-9730.

Sincerely,

Kimberly Horst
 Kimberly Horst, Licensing Staff
 Bureau of Community and Health Systems
 611 W. Ottawa Street
 Lansing, MI 48909

enclosure

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

I. IDENTIFYING INFORMATION

License #:	AH730301115
Licensee Name:	Union Court Assisted Living
Licensee Address:	302 Fulton St. St. Charles, MI 48655
Licensee Telephone #:	(989) 865-8100
Authorized Representative/ Administrator:	Kelly Cornford
Name of Facility:	Union Court Assisted Living
Facility Address:	302 Fulton St. St. Charles, MI 48655
Facility Telephone #:	(989) 865-8100
Original Issuance Date:	11/19/2009
Capacity:	86
Program Type:	ALZHEIMERS AGED



II. METHODS OF INSPECTION

Date of On-site Inspection(s): 11/18/2021

Date of Bureau of Fire Services Inspection if applicable: 10/20/2021

Inspection Type: Interview and Observation Worksheet
 Combination

Date of Exit Conference: 11/18/21

No. of staff interviewed and/or observed 
No. of residents interviewed and/or observed 
No. of others interviewed Role N/A

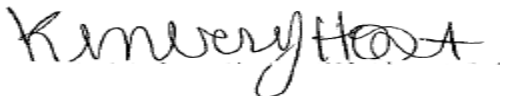
- Medication pass / simulated pass observed? Yes No If no, explain.
- Medication(s) and medication records(s) reviewed? Yes No If no, explain.
- Resident funds and associated documents reviewed for at least one resident? Yes No If no, explain.
- Meal preparation / service observed? Yes No If no, explain.
- Fire drills reviewed? Yes No If no, explain.
Disaster plans reviewed and staff interviewed.
- 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: 2/4/21: R 325.1921 (1)(b)
- 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 325.1932	Resident medications.
	(2) The giving, taking, or applying of prescription medications shall be supervised by the home in accordance with the resident's service plan.
Resident A was prescribed Alprazolam 0.25mg with instruction to administer one tablet two times a day as needed for anxiety. Resident A's service plan lacks detailed information on how the resident demonstrates these behaviors and what behaviors require the administration of the medications or if staff can use nonpharmaceutical interventions.	

IV. RECOMMENDATION

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



11/18/21

Date

Licensing Consultant