



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

ORLENE HAWKS
DIRECTOR

November 22, 2021

Lauren Gowman
Bay Ridge Assisted Living
3825 Scenic Ridge
Traverse City, MI 49684-3900

RE: License #: AH280318130
Bay Ridge Assisted Living
3825 Scenic Ridge
Traverse City, MI 49684-3900

Dear Mrs. Gowman:

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 homes 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
(517) 241-1970
enclosure

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

I. IDENTIFYING INFORMATION

License #: AH280318130

Licensee Name: Bay Ridge Assisted Living Ctr, LLC

Licensee Address: 950 Taylor Ave
Grand Haven, MI 49417

Licensee Telephone #: (231) 932-9757

Authorized Representative: Lauren Gowman

Administrator: Kayla Bigelow

Name of Facility: Bay Ridge Assisted Living

Facility Address: 3825 Scenic Ridge
Traverse City, MI 49684-3900

Facility Telephone #: (231) 932-9757

Original Issuance Date: 05/15/2012

Capacity: 64

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: 3/5/21

Inspection Type: Interview and Observation Worksheet
 Combination

Date of Exit Conference: 11/22/21

No. of staff interviewed and/or observed 10

No. of residents interviewed and/or observed 44

No. of others interviewed [REDACTED] Role No visitors at this time due to COVID-19 pandemic.

- 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: SIR 2021A0230009 dated 1/21/21 to CAP dated 1/28/21: R325.1931 (2)
- 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 325.1921 Governing bodies, administrators, and supervisors.

(1) The owner, operator, and governing body of a home shall do all of the following:

(b) Assure that the home maintains an organized program to provide room and board, protection, supervision, assistance, and supervised personal care for its residents.

For Reference:

R 325.1901 Definitions.

(16) "Protection" means the continual responsibility of the home to take reasonable action to ensure the health, safety, and well-being of a resident as indicated in the resident's service plan, including protection from physical harm, humiliation, intimidation, and social, moral, financial, and personal exploitation while on the premises, while under the supervision of the home or an agent or employee of the home, or when the resident's service plan states that the resident needs continuous supervision.

At the time of inspection, there were three residents with bedside assistive devices. I observed Resident A, B and C's devices. All three devices were not affixed to the bed frame but rather slid between the mattress and bedframe and was simply held in place by the weight of the occupant and mattress. Each device was made with curved metal tubing and presented with a large enough space for a limb to become entangled or in the event the occupant's body pushes the device away from the mattress, it becomes an entrapment zone with risk of suffocation. Additionally, there were no coverings for the devices. Ms. Bigelow stated resident families install the bedside assistive devices. Manufacturer guidelines were not available for reference.

Review of facility documentation revealed there were physician orders for the devices for Resident A, B and C.

Resident A, B and C's service plans lacked information about the device related to how staff are responsible to ensure the device was safe and ongoing maintenance schedules. For instance, instructions regarding whether the resident could summon staff independently for help or require monitoring on a predetermined frequency was not defined. In addition, it lacked specifically what staff were responsible for, and what methods were to be used in determining if the device posed a risk of physical harm related to entrapment, entanglement, strangulation, etc.

The facility has a policy for use of bedside assistive devices but has not followed their procedure set forth for assistive devices such as installation per manufacturer guidelines and by a qualified person, application of coverings, measurements obtained, staff training, maintenance schedules and lack detail in the resident services plans regarding use.

Given the observations listed above and the lack of an organized plan the facility has not provided reasonable protective measures to ensure resident well-being and safety during the use of a bedside assistive device.

R 325.1964 Interiors.

(9) Ventilation shall be provided throughout the facility in the following manner:

(b) Bathing rooms, beauty shops, toilet rooms, soiled linen rooms, janitor closets, and trash holding rooms shall be provided with a minimum of 10 air changes per hour of continuously operated exhaust ventilation that provide discernable air flow into each of these rooms.

At the time of inspection, exhaust vents were not working in resident rooms A-2, A-12, B-8, C-10, C-6, E-5, D-8, as well as the room designated for trash and dirty towels/linens. Additionally, there was not an exhaust vent in the room designated as the housekeeping office in which housekeeping staff store all chemicals for cleaning the facility.

On 11/22/21, I shared the findings of this report with authorized representative Lauren Gowman. Ms. Gowman verbalized understanding of the findings.

IV. RECOMMENDATION

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



11/22/21

Date

Licensing Consultant