



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

ORLENE HAWKS
DIRECTOR

September 18, 2020

Kay Brauer
51 Endicott
Howell, MI 48843

RE: License #: AM470246151
Kay D's Elderly Care Home
51 Endicott
Howell, MI 48843

Dear Ms. Brauer:

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 six-month provisional license is recommended. If you do not contest the issuance of a provisional license, you must indicate so in writing; this may be included in your corrective action plan or in a separate document. If you contest the issuance of a provisional license, you must notify this office in writing and an administrative hearing will be scheduled. Even if you contest the issuance of a provisional license, you must still submit an acceptable corrective action plan within 15 days.

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 (517) 284-9730.

Sincerely,

A handwritten signature in cursive script that reads "Julie Elkins".

Julie Elkins, Licensing Consultant
Bureau of Community and Health Systems
611 W. Ottawa Street
P.O. Box 30664
Lansing, MI 48909

611 W. OTTAWA • P.O. BOX 30664 • LANSING, MICHIGAN 48909
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

License #:	AM470246151
Licensee Name:	Kay Brauer
Licensee Address:	51 Endicott Howell, MI 48843
Licensee Telephone #:	(517) 545-1737
Licensee:	Kay Brauer
Administrator:	Kay Brauer
Name of Facility:	Kay D's Elderly Care Home
Facility Address:	51 Endicott Howell, MI 48843
Facility Telephone #:	(517) 545-1737
Original Issuance Date:	03/29/2004
Capacity:	8
Program Type:	AGED ALZHEIMERS

II. METHODS OF INSPECTION

Date of On-site Inspections: 09/09/2020

Date of Bureau of Fire Services Inspection if applicable: 07/28/2020

Date of Health Authority Inspection if applicable: 12/16/2019

Inspection Type: Interview and Observation Worksheet
 Combination Full Fire Safety

No. of staff interviewed and/or observed 3

No. of residents interviewed and/or observed 8

No. of others interviewed 2 Role: licensee and guardian

- 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.
- 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:
CAP 03/26/2018- 204(3), 205 (3), 312 (4)(a). 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:

MCL 400.734b **Employing or contracting with certain employees providing direct services to residents; prohibitions; criminal history check; exemptions; written consent and identification; conditional employment; use of criminal history record information; disclosure; failure to conduct criminal history check; automated fingerprint identification system database; report to legislature; costs; definitions.**

(3) An individual who applies for employment either as an employee or as an independent contractor with an adult foster care facility or staffing agency and who has not been the subject of a criminal history check conducted in compliance with this section shall give written consent at the time of application for the department of state police to conduct a criminal history check under this section, along with identification acceptable to the department of state police. If the individual has been the subject of a criminal history check conducted in compliance with this section, the individual shall give written consent at the time of application for the adult foster care facility or staffing agency to obtain the criminal history record information as prescribed in subsection (4) or (5) from the relevant licensing or regulatory department and for the department of state police to conduct a criminal history check under this section if the requirements of subsection (11) are not met and a request to the federal bureau of investigation to make a determination of the existence of any national criminal history pertaining to the individual is necessary, along with identification acceptable to the department of state police. Upon receipt of the written consent to obtain the criminal history record information and identification required under this subsection, the adult foster care facility or staffing agency that has made a good faith offer of employment or an independent contract to the individual shall request the criminal history record information from the relevant licensing or regulatory department and shall make a request regarding that individual to the relevant licensing or regulatory department to conduct a check of all relevant registries in the manner required in subsection (4).

If the requirements of subsection (11) are not met and a request to the federal bureau of investigation to make a subsequent determination of the existence of any national criminal history pertaining to the individual is necessary, the adult foster care facility or staffing agency shall proceed in the manner required in subsection (5). A staffing agency that employs an individual who regularly has direct access to or provides direct services to residents under an independent contract with an adult foster care facility shall submit information regarding the criminal history check conducted by the staffing agency to the adult foster care facility that has made a good faith offer of independent contract to that applicant.

I reviewed six employee records, Shannon Richter who was hired on 07/27/2020, Sandy Dumas who was hired on 07/24/2018, Jessica Smith who was hired on 10/27/2018, Cindy Stratton who was hired on 01/29/2020, Heather Birchette-White who was hired on 07/29/2009 and Sarah Dumas who was hired on 10/30/2018 and at the time of the inspection none of the employee records contained documentation that the employees had been fingerprinted through the Michigan Workforce Background Clearance.

R 400.14203 Licensee and administrator training requirements.

(1) A licensee and an administrator shall complete the following educational requirements specified in subdivision (a) or (b) of this subrule, or a combination thereof, on an annual basis:

(a) Participate in, and successfully complete, 16 hours of training designated or approved by the department that is relevant to the licensee's admission policy and program statement.

(b) Have completed 6 credit hours at an accredited college or university in an area that is relevant to the licensee's admission policy and program statement as approved by the department.

At the time of inspection, Licensee and administrator Kay Brauer did not have documentation of completing training hours as required. Ms. Brauer had completed 12 hours of training in 2018 and zero hours in 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:

- (a) Reporting requirements.
- (b) First aid.
- (c) Cardiopulmonary resuscitation.
- (d) Personal care, supervision, and protection.
- (e) Resident rights.
- (f) Safety and fire prevention.
- (g) Prevention and containment of communicable diseases.

DCW Sandy Dumas' employee record did not contain documentation that she was trained and competent in all the above areas before performing assigned tasks. DCW Dumas was hired on 07/24/2018.

DCW Jessica Smith and DCW Sarah Dumas did not have documentation that they had been trained in First Aid and Cardiopulmonary resuscitation. Their respective dates of hire were 10/27/2018 and 07/10/2018.

REPEAT VIOLATION ESTABLISHED [Reference LSR dated 04/02/2018, CAP 03/26/2018.]

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.

(3) A licensee shall maintain, in the home, and make available for department review, a statement that is signed by a licensed physician or his or her designee attesting to the knowledge of the physical health of direct care staff, other employees, and members of the household. The statement shall be obtained within 30 days of an individual's employment, assumption of duties, or occupancy in the home.

DCW Sandy Dumas was hired on 7/24/2018 and DCW Sarah Dumas was hired on 07/10/2018. A review of their employee files found both had statements in their employee record attesting to the knowledge of the physical health of direct care staff, however those statements were not completed within 30 days of employment.

DCW Smith's employee record did not contain statements attesting to /the knowledge of the physical health of these direct care staff members. DCW Smith was hired on 10/27/2018.

REPEAT VIOLATION ESTABLISHED [Reference LSR dated 04/02/2018, CAP 03/26/2018.]

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.

(4) A licensee shall provide the department with written evidence that he or she and the administrator have been tested for communicable tuberculosis and that if the disease is present, appropriate precautions shall be taken. The results of subsequent testing shall be verified every 3 years thereafter.

At the time of inspection DCW Smith's employee record did not contain evidence that she had been tested for communicable tuberculosis. DCW Smith was hired on 10/27/2018.

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.

Resident A was admitted to the facility on 06/14/2017 and Resident A's record at the time of the inspection did not contain an annual health care appraisal in 2018. Resident A's record did contain an annual health care appraisal completed in 2017 and 2019.

Resident B was admitted to the facility on 09/07/2018 and did not contain any health care appraisal in 2018, therefore there was not a health care appraisal completed within the 90-day period before the resident's admission to the home or 30 days after admission. Resident B's record did contain a health care appraisal in 2019.

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.

Resident A's record at the time of the inspection did not contain a written assessment plan that was completed in 2018. Resident A's record did contain a written assessment plan that was completed in 2017, 2019 and 2020.

R 400.14312 Resident medications.

(4) When a licensee, administrator, or direct care staff member supervises the taking of medication by a resident, he or she shall comply with all of the following provisions:
(a) Be trained in the proper handling and administration of medication.

Shannon Richter (date of hire 07/27/2020), Sandy Dumas (date of hire 07/24/2018), and Cindy Stratton (date of hire 01/29/2020) were administering medications without documentation that they had been trained in the proper handling and administration of medication.

REPEAT VIOLATION ESTABLISHED [Reference LSR dated 04/02/2018, CAP 03/26/2018.]

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.

Resident C and Resident D had *AFC Resident Funds Part II* forms that were completely blank at the time of inspection.

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 basement freezer did not contain a thermometer.

R 400.14403 Maintenance of premises.

(8) Stairways shall have sturdy and securely fastened handrails. The handrails shall be not less than 30, nor more than 34, inches above the upper surface of the tread. All exterior and interior stairways and ramps shall have handrails on the open sides. All porches and decks that are 8 inches or more above grade shall also have handrails on the open sides.

The handrail at the base of the ramp is loose and need of repair.

I conducted an exit conference with licensee Kay Brauer who does not wish to contest the issuance of a provisional license

IV. RECOMMENDATION

Contingent upon receipt of an acceptable corrective action plan, issuance of a provisional license is recommended.

Julie Ellis

09/10/2020

Date

Licensing Consultant

Dawn Timm

09/16/2020

Date

Dawn Timm
Area Manager