



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

ORLENE HAWKS
DIRECTOR

December 2, 2021

Sara Dickendesher
Gaslight Village Assisted Living, LLC
Suite 200
3196 Kraft Avenue
Grand Rapids, MI 49512

RE: License #: AH460361737
Gaslight Village Assisted
2625 N. Adrian Highway
Adrian, MI 49221

Dear Ms. Dickendesher:

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) 241-1970.

Sincerely,

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 #: AH460361737

Licensee Name: Gaslight Village Assisted Living, LLC

Licensee Address: Suite 200
3196 Kraft Avenue
Grand Rapids, MI 49512

Licensee Telephone #: (616) 914-0045

Authorized Representative/ Sara Dickendesher

Administrator/Licensee Designee: Guinevere DeBerry

Name of Facility: Gaslight Village Assisted

Facility Address: 2625 N. Adrian Highway
Adrian, MI 49221

Facility Telephone #: (517) 264-2284

Original Issuance Date: 09/08/2015

Capacity: 51

Program Type: AGED
ALZHEIMERS

II. METHODS OF INSPECTION

Date of On-site Inspection(s): 12/02/2021

Date of Bureau of Fire Services Inspection if applicable: 10/5/2021

Inspection Type: Interview and Observation Worksheet
 Combination

Date of Exit Conference: 12/3/21

No. of staff interviewed and/or observed 10

No. of residents interviewed and/or observed 18

No. of others interviewed [redacted] Role No visitors interviewed at this time due to the 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. Staff interviewed regarding disaster plan and procedures.
- 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:
Renewal LSR dated 3/14/19 to CAP dated 3/19/19: R 325.1931(6), R 325.1932(1), R 325.1976(6), R 325.1976(9), R 325.1976(1), MCL 333.20178(1)(d)
- Number of excluded employees followed up? Two N/A

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

This facility was found to be in non-compliance with the following rules:

R 325.1931 Employees; general provisions.

(3) The home shall designate 1 person on each shift to be supervisor of resident care during that shift. The supervisor of resident care shall be fully dressed, awake, and on the premises when on duty.

Review of the staff schedule while on-site revealed a shift supervisor was not designated on each shift.

R 325.1932 Resident medications.

(1) Medication shall be given, taken, or applied pursuant to labeling instructions or orders by the prescribing licensed health care professional.

Review Resident A's Medication Administration Record (MAR) revealed the following medications were not initialed as given Tramadol HCL on 10/5/21 and 10/13 at 2:00 PM and Vitamin A&D ointment on 10/13 at 4:00 PM. Facility staff failed to mark any reason for the missed doses and the MAR was left blank, therefore it cannot be confirmed why the medication administration was not completed as scheduled.

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, the beauty salon and bathroom in room 29 ventilation was not working. The facility's maintenance director Duaine Justice stated he planned to have a company evaluate the ventilation system next Tuesday.

On 12/3/21, I shared the findings of this report with authorized representative Sara Dickendesher. Ms. Dickendesher verbalized understanding of the citations.

IV. RECOMMENDATION

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



12/3/21

Date

Licensing Consultant