



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

ORLENE HAWKS
DIRECTOR

April 27, 2021

Mark James
C-133
5355 Northland Dr.
Grand Rapids, MI 49525

RE: License #: AM410267205
Windy Acres
7728 Lessiter Ave NE
Belding, MI 48809

Dear Mr. James:

Attached is the Renewal Licensing Study Report for the facility referenced above. The study has determined substantial violations of applicable licensing statutes and administrative rules. Therefore, refusal to renew the license is recommended. You will be notified in writing of the Department's intention and your options for resolution of this matter.

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 (616) 356-0100.

Sincerely,

A handwritten signature in blue ink that reads "Rebecca Piccard".

Rebecca Piccard, Licensing Consultant
Bureau of Community and Health Systems
Unit 13, 7th Floor
350 Ottawa, N.W.
Grand Rapids, MI 49503
(616) 446-5764

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

I. IDENTIFYING INFORMATION

License #: AM410267205

Licensee Name: Mark James

Licensee Address: C-133
5355 Northland Dr.
Grand Rapids, MI 49525

Licensee Telephone #: (616) 292-2837

Licensee Designee: Mark James

Administrator: Mark James

Name of Facility: Windy Acres

Facility Address: 7728 Lessiter Ave NE
Belding, MI 48809

Facility Telephone #: (616) 292-2837

Original Issuance Date: 06/06/2006

Capacity: 11

Program Type: DEVELOPMENTALLY DISABLED
MENTALLY ILL
AGED

II. METHODS OF INSPECTION

Date of On-site Inspection(s): 03/09/2021 and 03/18/2021

Date of Bureau of Fire Services Inspection if applicable: 03/23/2021

Date of Health Authority Inspection if applicable: 02/19/2020

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 10
No. of others interviewed [redacted] Role: [redacted]

- 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. Funds not kept by licensee.
- Meal preparation / service observed? Yes No If no, explain.
- Fire drills reviewed? Yes No If no, explain.
No drills completed since 2019.
- 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.
No IR's have been received.
- Corrective action plan compliance verified? Yes CAP date/s and rule/s:
March 7, 2019; based off a D-rating from the fire safety inspection; non
compliance observed. Repeat violations noted on page 13. 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 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:

(b) Complete an individual medication log that contains all of the following information:

(i) The medication.

(ii) The dosage.

(iii) Label instructions for use.

(iv) Time to be administered.

(v) The initials of the person who administers the medication, which shall be entered at the time the medication is given.

(vi) A resident's refusal to accept prescribed medication or procedures.

Finding: During an inspection on March 9, 2021, I asked to see the Medication Administration Record (MAR) for Resident A. I was informed by staff Mary Mayhue that Resident A's medication information was not recorded in the electronic MAR. I asked to see his MAR from the previous month and she informed me that his medication information has never been entered into any type of medication record in the six months he has resided in the home. While at the facility I was able to review the medication bottles with Resident A's name. Ms. Mayhue stated she passes his medication as prescribed on the bottle labels. I asked Ms. Mayhue if she keeps a written record anywhere else of the medications she has passed for Resident A and she acknowledged she does not. I asked Ms. Mayhue if there are any other residents for whom she administers medications without documenting anywhere what she has given and she said this is also the case for Resident B, as there is no MAR for his medication information either.

I also interviewed staff Deb Pradon. She confirmed that Resident A and B were not in the computer medication administration record. She has given prescriptions for them as directed on the pill bottles. She also does not record medication passes anywhere else.

On April 27, 2021 I conducted an exit interview with Licensee Mark James. I informed him of the residents missing from the computer system MAR. Mr. James stated that he was unaware of this and that it is the pharmacy's responsibility to add that information. I asked if his staff had brought it to his attention that the names and information were missing, and he said they had not. He said he will address this with the staff and pharmacy.

R 400.14313

Resident nutrition.

(4) Menus of regular diets shall be written at least 1 week in advance and posted. Any change or substitution shall be noted and considered as part of the original menu.

Finding: During my inspection on March 9, 2021, I observed a menu posted on the refrigerator that was dated 2018. I asked Ms. Mayhue if this menu is followed, and she acknowledged that it is not. On this date for lunch she was making chicken nuggets and potatoes. The menu indicated that the lunch for this day should have been “beef stew, saltine crackers, broccoli cuts, water”. I looked in the refrigerator and around the kitchen and noted there was no broccoli present. I asked Ms. Mayhue if she documents and maintains a substitution list of what she prepares for resident meals when it is not what is listed on the menu and she acknowledged she does not. She stated that she makes what she feels like cooking at the time.

During a second on-site inspection on March 18, 2021, Consultant Liz Elliott and I observed residents eating beef stew. The menu for this day indicated they were supposed to be having “Peanut Butter & Jelly, Chicken Noodle Soup, Crackers, Water”. Other than the stew, there were no other food items available for the residents. Staff Deb Pradon was working in the home this day and I asked her about the menu. Ms. Pradon stated she did not know anything about a menu and acknowledged she has never followed one while working in the home. Ms. Pradon also acknowledged that she has never documented a list of any of the items she has served residents as a part of the meals she has prepared. Ms. Pradon stated she has worked in the home for approximately 15 years and was never trained to follow menus or document the food she has prepared and served to residents. Ms. Pradon stated she thought the menu that is posted on the refrigerator was a “suggestion” and acknowledged she makes whatever she feels like making that day.

This is a repeat violation from 6/22/2016, complaint # 2016A0340027. A corrective action was received on 6/27/2016 from Licensee Mark James which stated, ‘Printed menus are now at the home and I have instructed the staff to use them and if they make substitutions to make sure they write them on the menus.’

On April 27, 2021 I conducted an exit conference with Licensee Mark James and informed him of this violation. He stated that there are copies of the menu and he has told staff that if they do not make what is on the menu, there is space for them to document what they serve instead. Mr. James stated he was unaware that this was not being done.

R 400.14313 Resident nutrition.

(5) Records of menus, including special diets, as served shall be provided upon request by the department.

Finding: During the March 9, 2021 inspection I requested to review previous menus. Ms. Mayhue informed me that she is not aware of the existence of any previous menus.

On April 26, 2021 I conducted an exit conference with Mr. James. He stated he was aware that the staff at Windy Acres were not using menus or keeping copies of menus. He stated he will talk to staff about this.

R 400.14316 Resident records.

(1) A licensee shall complete, and maintain in the home, a separate record for each resident and shall provide record information as required by the department. A resident record shall include, at a minimum, all of the following information:

(a) Identifying information, including, at a minimum, all of the following:

(i) Name.

(ii) Social security number, date of birth, case number, and marital status.

(iii) Former address.

(iv) Name, address, and telephone number of the next of kin or the designated representative.

(v) Name, address, and telephone number of the person and agency responsible for the resident's placement in the home.

(vi) Name, address, and telephone number of the preferred physician and hospital.

(vii) Medical insurance.

(viii) Funeral provisions and preferences.

(ix) Resident's religious preference information.

(b) Date of admission.

(c) Date of discharge and the place to which the resident was discharged.

(d) Health care information, including all of the following:

(i) Health care appraisals.

(ii) Medication logs.

- (iii) **Statements and instructions for supervising prescribed medication, including dietary supplements and individual special medical procedures.**
- (iv) **A record of physician contacts.**
- (v) **Instructions for emergency care and advanced medical directives.**
- (e) **Resident care agreement.**
- (f) **Assessment plan.**
- (g) **Weight record.**
- (h) **Incident reports and accident records.**
- (i) **Resident funds and valuables record and resident refund agreement.**
- (j) **Resident grievances and complaints.**

Finding: During my inspection on March 9, 2021, I requested to review Resident A's facility record. Ms. Mayhue stated there are no records available for Resident A. She further stated that aside from a few Health Care Appraisals, there are no records kept at the home for any of the residents. We discussed how this was an issue she and I have previously discussed. She stated that she assumed Mr. James has the resident records with him as they are never kept in the home.

This is a repeat violation from 6/22/2016 (Special Investigation Report #2016A0340027). A Corrective Action Plan was received on 6/27/2016 from Licensee Mark James stating that the "Resident records are now at the facility".

On April 27, 2021 I conducted an exit interview with Mr. James. I informed him that the resident records were not available in the home during my inspection. He stated that he had taken them out in order to scan them to send them to me. I asked when that occurred, and he stated it was in May 2020. I pointed out that it had been almost a year since then and that we have had previous conversations and citations regarding this issue.

R 400.14316

Resident records.

(2) Resident records shall be kept on file in the home for 2 years after the date of a resident's discharge from a home.

Finding: During my inspection on March 9, 2021, I asked Ms. Mayhue to show me the resident records of all the residents. Other than the Health Care Appraisals Ms. Mayhue said were maintained at the facility in case EMS were ever called, there were no resident records.

This is a repeat violation from 12/11/2018 renewal inspection. A Corrective Action Plan received on 12/18/18 from licensee Mark James which stated the records were taken out of the home for review but will be returned and remain in the home.

On April 27, 2021 I conducted an exit conference with Mr. James. I informed him of the missing resident files. We discussed the repeat violation of the records not being kept in the home.

R400.14318 Emergency preparedness; evacuation plan; emergency Transportation

(5) A licensee shall practice emergency and evacuation procedures during daytime, evening, and sleeping hours at least once per quarter. A record of the practices shall be maintained and be available for department review

Finding: During my inspection on March 9, 2021, I asked Ms. Mayhue to show me the fire drill records for the home. Ms. Mayhue stated that no fire drills have been conducted since 2019.

During my inspection on March 18, 2021, I was accompanied by Consultant Liz Elliott. I asked Ms. Pradon if she has conducted any recent fire drills in the home and she stated that she only works weekends and does not ever conduct fire drills.

This is a repeat violation from the Fire Safety Inspection conducted on 01/15/2019 by Fire Marshall Brian Sherman, cited on pages 13 & 14.

On April 27, 2021 I called Mr. James for an exit interview. I informed him that there had been no fire drills completed at the home since 2019. Mr. James stated he was not aware they had not been done. He stated he made copies of the form used to record the drills and has given them to Ms. Mayhue. He stated he assumed she was conducting them. We discussed this being a repeat violation and he stated he will talk to Ms. Mayhue about it.

R 400.14401 Environmental health.

(4) All garbage and rubbish that contains food wastes shall be kept in leakproof, nonabsorbent containers. The containers shall be kept covered with tight-fitting lids and shall be removed from the home daily and from the premises at least weekly.

Finding: During my inspection on March 18, 2021 I observed that at least three garbage cans are used in the home. One is located in the kitchen and two are outside the kitchen. All three of the cans include what would be considered all with food waste. None of the three garbage cans had lids. I asked Ms. Mayhue if lids could be placed on the waste bins and she stated there were none to put on them. Pictures were taken of the bins.

On April 27, 2021 I conducted an exit conference with Mr. James. He said that he will be getting a dumpster delivered this Friday (April 30th) which will address any garbage issues at the home.

R 400.14401 Environmental health.

(5) An insect, rodent, or pest control program shall be maintained as necessary and shall be carried out in a manner that continually protects the health of residents.

Finding: During my inspection on March 9, 2021, I noticed a live trap in the pantry/med room office. I asked Ms. Mayhue about it and she stated that there has been a squirrel infestation in the home. Ms. Mayhue stated they have live traps so if they catch one, the residents can take it outside and release it. She further stated that baby squirrels had been born in the kitchen drawer where she keeps towels. I asked if a professional pest control company has been called to address the issue and Ms. Mayhue stated they have not. She also added that one of the squirrels had crawled up her leg while she was sitting in the office but one of the residents was able to catch it and take it outside. We discussed the fact that they are obviously able to get right back in once they are taken outside. She stated one of the residents takes the captured squirrels across the street to release them. I asked her if Mr. James knows about this and she said he does and that Mr. James is the one to bring the live traps to the home. I asked if any pest control companies have been called or have been out to the home and she said she no one has been out.

During a second inspection on March 18, 2021, one of the residents told Consultant Liz Elliott how he catches the squirrels and takes them outside. Ms. Elliott was shown the live traps and Ms. Pradon recounted for Ms. Elliott about the baby squirrels being born in the towel drawer.

On April 27, 2021 I contacted Mr. James for an exit interview regarding this violation. He stated he was aware of the squirrels in the house. Mr. James stated he previously contacted Orkin to address the issue and they suggested the use of live traps to get the squirrels out of the home. Mr. James stated they are still trying to determine where the squirrels are getting in and sealing it off.

R 400.14403 Maintenance of premises.

(13) A yard area shall be kept reasonably free from all hazards, nuisances, refuse, and litter.

Finding: During an inspection on March 19, 2021, bags of trash were observed piled up outside by the back door as well as overflowing in waste bins on the other side of the driveway. There were piles of random junk in multiple areas of the yard

and hundreds of cigarette butts were scattered everywhere from the doorways to the driveway and beyond. Pictures of everything were taken by Consultant Elliott.

On April 27, 2021 during an exit interview, Mr. James stated a dumpster is arriving at the home on April 30th to rid the home of all the garbage.

R 400.14403 Maintenance of premises.

(4) A roof, exterior walls, doors, skylights, and windows shall be weathertight and watertight and shall be kept in sound condition and good repair.

Finding: During my inspection on March 18, 2021, Consultant Elliott and I were shown holes in the wall in the back bedroom. There were two, side by side, and approximately 12-15 inches tall by a few inches wide. Near the doorway to this room was another circular hole in the wall, approximately 6 inches in diameter.

Near the shower room there were two holes in the wall, one circular, and roughly the size of someone's head. Another right next to it, was a few inches across in diameter. There was also a circular hole in the door to the shower room a couple inches in diameter. Pictures were taken of the holes in the walls.

The exterior door near the shower is not sealed against the elements. I observed daylight through the sides of the door jam.

The exterior door to the front porch is decayed and disintegrating and was falling off the hinges.

The window in second bedroom on the right going down the long hallway is falling out of the frame and not secure. The resident assigned to that bedroom demonstrated to Consultant Elliott how the window will fall if he attempts to open it.

These are repeat violations from 12/11/2018 for the door jam and window. The CAP received 12/18/18 from Licensee Mark James stated "I will order a new handle for the window and have it installed by January 12". "Exterior doors will be repaired by January 12".

On April 27, 2021 during an exit conference with Mr. James, he stated that he has hired work to be done on the home. He acknowledged the issues stated above and stated they will be made part of the work order.

R 400.14403 Maintenance of premises.

Finding: During my inspection on March 18, 2021, Consultant Elliott and I observed the flooring by the shower to be without any floor covering, exposing the subfloor. Due to the exterior door near the shower not being sealed against the elements, there is visible water damage to the subfloor and it is rotting.

The carpet covering the flooring in the hallway to the bedrooms is not secure and bunching up in numerous places.

The flooring in the back bathroom near the laundry room has a hole in it and needs replacement.

The flooring in the kitchen has several holes being covered by a rug and needs replacement.

The flooring in the medication room/pantry is ripped up and missing on part of the floor.

In all the bedrooms which are found off the long hallway, there are either no vent covers in the room at all, leaving a large hole in the floor, or the vent in the room is smashed.

The citation for the floor covering is a repeat violation from a renewal inspection, report dated 12/11/2018. The CAP received from Licensee Mark James 12/18/18 states "flooring in the bathrooms will be repaired by January 12".

On April 27, 2021 during an exit conference with Mr. James, he stated that he has hired work to be done on the home. He acknowledged the issues stated above and they will be made part of the work order.

**R 400.14403 Maintenance of premises.
(2) Home furnishings and housekeeping standards shall
present a comfortable clean and orderly appearance.**

Finding: During my inspection on March 18, 2021, Consultant Elliott and I observed the chairs in the dining area to be broken and some appeared dangerous to sit in.

In the back bedroom down from the laundry, the bed was observed to be covered in stains and dead bugs and bed bug feces were still present on the bedding, although no live bed bugs were observed. Bed casings previously purchased for bed bugs were completely missing on the other beds.

Photos of the flooring and doors and bed bug remnants were taken. Mr. James was previously cited for bed bugs April 24, 2019. His CAP was received on May 13, 2019 stating the pest control issue is being addressed professionally. Two years later the aftermath of the bed bugs has not been cleaned.

On April 27, 2021 I conducted an exit interview with Mr. James. I informed him of the citations described above. Mr. James stated the chairs were ruined because of the heat treatment for bed bugs and he is looking for new chairs that will withstand rough treatment. He stated the other items will be addressed with the work he has contracted to be done at the home.

R 400.14403 Maintenance of premises

(6)All plumbing fixtures and water and waste pipes shall be properly installed and maintained in good working condition. Each water heater shall be equipped with a thermostatic temperature control and a pressure relief valve, both of which shall be in good working condition.

Finding: During my inspection on March 18, 2021, Consultant Elliott and I observed the sink in the bathroom near the laundry to be loosely attached to the wall and the toilet did not flush when Consultant Elliott tried to flush it. The toilet in the bathroom across from the kitchen did not flush when Consultant Elliott attempted to flush that one as well. The bathtub in the bathroom across from the kitchen was covered in dirt and grime. Photos of the bathrooms were taken.

On April 27, 2021 I conducted an exit interview with Mr. James regarding this citation. He said that Ms. Mayhue had informed him of the toilets not working and they were fixed approximately one week ago. Regarding the cleanliness of the home, he stated that once all the repairs are complete, he plans to talk to Ms. Mayhue about her responsibilities in upkeep of the home's cleaning.

R 400.14507 Means of egress generally.

(6) Occupied room door hardware shall be equipped with positive-latching, non-locking-against-egress hardware.

Finding: During my inspection on March 18, 2021, Consultant Elliott observed the door for the first bedroom on the right, down the hallway did not have non-locking against egress hardware.

On April 27, 2021 I spoke with Mr. James about the Not-non-locking against egress door handle. He said it had been brought to his attention and has already been fixed.

R 400.14508

Means of egress; sleeping areas.

(2) A window shall be openable from the inside without the use of tools or special knowledge.

Finding: During my inspection on March 18, 2021 Consultant Elliott and I observed all the windows in the bedrooms had broken hardware used to open the windows or the windows were unable to open easily without falling out.

On April 27, 2021 I conducted an exit conference with Mr. James regarding the disrepair of the windows. Mr. James stated that he believes the residents removed the window handles and that it has been an ongoing issue. He stated he will look at the windows and add to the list which ones need fixing for the contracted repairs.

Additional information: On April 5, 2021 I received the fire inspection report from Fire Safety Inspector Brian Sherman. Mr. Sherman issued a "D" rating to the home for this re-inspection after a previous "D" was received and a licensing citation was made on 2/12/2019. Mr. Sherman found that previously cited violations had not been corrected. The following citations were included in Mr. Sherman's most recent inspection report:

- (1) Employee was sitting in the kitchen on oxygen with the supply tube crossing the corridor, going through the bathroom and crossing another corrido before the tube was in the employee's room.
- (2) Resident N's door locks against egress
- (3) South exit doorknob was not functional.
- (4) Worker's room had a mini fridge plugged into a surge protector.
- (5) East resident room had a multi adapter in use at the time of inspection.
- (6) Resident W's door had more than an 1/8" gap at the top of the door.
- (7) Resident N's room had a large hole in the dry wall on the west wall.
- (8) Resident F's door had a gap more than 1/8" gap at the top of the door.
- (9) Resident R's door had a gap more than 1/8" gap at the top of the door.
- (10) Resident J's door had a gap more than 1/8" at the top of the door. (repeat)
- (11) Fire extinguisher at the south exit last signed November 2020/Extinguisher ta past due.
- (12) East corridor had holes in the wall by restrooms.
- (13) East resident room had 3 large holes in the dry wall.
- (14) East hall extinguisher had no tag to identify age.
- (15) Smoke detector in the dining area was in alarm.
- (16) Oct 2020 is the only documentation available at the time of inspection stating employees review the fire emergency plan every two months (repeat).
- (17) No documentation of fire drills being conducted (repeat).
- (18) Approximately 100 cigarettes outside of the SE exit door.

- (19) Smoking area on the enclosed porch needs non-combustible cans with self-closing lids (repeat).
- (20) Resident W's door did not close to a positive latch upon test.

IV. RECOMMENDATION

I recommend a refusal to renew the license of this adult foster care home.



April 27, 2021

Rebecca Piccard
Licensing Consultant

Date

Reviewed by:



April 27, 2021

Jerry Hendrick
Area Manager

Date