

GRETCHEN WHITMER GOVERNOR

# STATE OF MICHIGAN DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS LANSING

ORLENE HAWKS DIRECTOR

January 31, 2022

Joanna Lafleur Memory Lane LLC 8064 Carpenter Rd Ypsilanti, MI 48197

RE: License #: AS810387346

Memory Lane Merritt Assisted Living 3893 Merritt Road Ypsilanti. MI 48197

Dear Ms. Lafleur:

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 regular license will be issued. If you fail to submit an acceptable corrective action plan, disciplinary action will result.

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 (313) 456-0380.

Sincerely,

Vanon Beullin

Vanita C. Bouldin, Licensing Consultant Bureau of Community and Health Systems 22 Center Street Ypsilanti, MI 48198 (734) 395-4037

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

#### I. IDENTIFYING INFORMATION

**License #:** AS810387346

Licensee Name: Memory Lane LLC

**Licensee Address:** 8064 Carpenter Road

Ypsilanti, MI 48197

**Licensee Telephone #:** (734) 707-4039

Licensee/Licensee Designee: Joanna Lafleur

Administrator: Joanna Lafleur

Name of Facility: Memory Lane Merritt Assisted Living

Facility Address: 3893 Merritt Road

Ypsilanti, MI 48197

**Facility Telephone #:** (734) 707-4039

Original Issuance Date: 08/23/2017

Capacity: 6

Program Type: AGED

**ALZHEIMERS** 

## **II. METHODS OF INSPECTION**

Date of On-site Inspection(s): 01/28/2022
Date of Bureau of Fire Services Inspection if applicable: N/A
Date of Health Authority Inspection if applicable: N/A
Inspection Type:  ☐ Interview and Observation ☐ Worksheet ☐ Combination ☐ Full Fire Safety
No. of staff interviewed and/or observed  No. of residents interviewed and/or observed  No. of others interviewed  N/A Role:
<ul> <li>Medication pass / simulated pass observed? Yes ☐ No ☒ If no, explain. No due to COVID-19.</li> <li>Medication(s) and medication record(s) reviewed? Yes ☒ No ☐ If no, explain.</li> </ul>
<ul> <li>Resident funds and associated documents reviewed for at least one resident? Yes ∑ No ☐ If no, explain.</li> <li>Meal preparation / service observed? Yes ☐ No ∑ If no, explain. No meals prepared/served during renewal inspection.</li> <li>Fire drills reviewed? Yes ∑ No ☐ If no, explain.</li> </ul>
• Fire safety equipment and practices observed? Yes ⊠ No ☐ If no, explain.
<ul> <li>E-scores reviewed? (Special Certification Only) Yes ☐ No ☐ N/A ☐ If no, explain.</li> <li>Water temperatures checked? Yes ☐ No ☐ If no, explain.</li> </ul>
<ul> <li>Incident report follow-up? Yes ☐ No ☒ If no, explain.         No follow-up needed.</li> <li>Corrective action plan compliance verified? Yes ☐ CAP date/s and rule/s:         N/A ☒</li> <li>Number of excluded employees followed-up? N/A ☒</li> </ul>
<ul> <li>Number of excluded employees followed-up?</li> <li>Nariances? Yes ☐ (please explain) No ☐ N/A ☒</li> </ul>

#### III. DESCRIPTION OF FINDINGS & CONCLUSIONS

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

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.

Residents (ML and HW) health care appraisal forms not completed for 2020 and 2021.

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.

Residents (ML and HW) written assessments not completed for 2020 and 2021.

R 400.14301

Resident admission criteria; resident assessment plan; emergency admission; resident care agreement; physician's instructions; health care appraisal.

(9) A licensee shall review the written resident care agreement with the resident or the resident's designated representative and

responsible agency, if applicable, at least annually or more often if necessary.

Residents (ML and HW) resident care agreements not completed for 2020 and 2021.

### 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 Funds and Valuables Part II incomplete for Resident HW – incomplete to document payment for adult foster care received for 2020.

#### R 400.14401 Environmental health.

(2) Hot and cold running water that is under pressure shall be provided. A licensee shall maintain the hot water temperature for a resident's use at a range of 105 degrees Fahrenheit to 120 degrees Fahrenheit at the faucet.

Water temperature tested at 140 degrees Fahrenheit.

#### IV. RECOMMENDATION

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

Date: 01/31/2022

Vanita Bouldin Licensing Consultant

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