



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

ORLENE HAWKS
DIRECTOR

March 16, 2022

Rockney Wing, Jr. and Anna Wing
2670 S. Michigan Road
Eaton Rapids, MI 48827

RE: License #: AL330356409
East Oak Residents Home
231 E. Oak Street
Mason, MI 48854

Dear Mr. and Mrs. Wing:

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 (517) 284-9730.

Sincerely,

A handwritten signature in black ink that reads "Cathy Cushman". The signature is written in a cursive style with a large, looped 'C' at the beginning.

Cathy Cushman, Licensing Consultant
Bureau of Community and Health Systems
611 W. Ottawa Street
P.O. Box 30664
Lansing, MI 48909
(269) 615-5190

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

I. IDENTIFYING INFORMATION

License #: AL330356409

Licensee Name: Rockney Wing, Jr. & Anna Wing

Licensee Address: 2670 S. Michigan Road
Eaton Rapids, MI 48827

Licensee Telephone #: (517) 663-4435

Licensee Designee: N/A

Administrator: Anna Wing

Name of Facility: East Oak Residents Home

Facility Address: 231 E. Oak Street
Mason, MI 48854

Facility Telephone #: (517) 676-2788

Original Issuance Date: 09/25/2015

Capacity: 17

Program Type: DEVELOPMENTALLY DISABLED
MENTALLY ILL

II. METHODS OF INSPECTION

Date of On-site Inspection(s): 03/16/2022

Date of Bureau of Fire Services Inspection if applicable: 03/01/2022

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 2
No. of residents interviewed and/or observed 17
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.
- Meal preparation / service observed? Yes No If no, explain.
On-site did not take place during a meal time; however, facility had an abundance of food. Additionally, the licensees had bagged lunches available for residents going to day programs.
- 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.
There were no incident reports to follow up on.
- Corrective action plan compliance verified? Yes CAP date/s and rule/s:
2020 Renewal LSR CAP dated, 06/01/2020; R 403(1), R 205(4), R 205(5), and R315(6) 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 400.15203 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.

FINDING: Licensee and Administrator, Anna Wing, did not have verification of annual training, as required.

R 400.15204 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.

(d) Personal care, supervision, and protection.

(e) Resident rights.

(f) Safety and fire prevention.

(g) Prevention and containment of communicable diseases.

FINDING: The licensees did not have verification of training available for review for direct care staff, Tonya Jeffrey or Ruthann Wing, for the following: reporting requirements, personal care, supervision, and protection, resident rights, safety and fire prevention, and prevention and containment of communicable diseases.

Training can be provided by the licensee or administrator, and they can use relevant training videos or other training resources. Exception is CPR. *The licensee must have a method to assure competency. The licensee is required to maintain written verification of completed training in the required areas of competence in each employee record.*

Newly hired direct care staff may job shadow a fully trained direct care staff person for on the job training purposes, as long as the fully trained direct care staff person is responsible for the assigned direct care tasks and the untrained staff person is never left alone with residents.

The licensee should have a training methodology in place that assures all direct care staff are competent in providing the personal care, supervision and protection as identified in the facility's program statement and admission/discharge policy as well as the individual assessment plans, health care appraisals and resident care agreements.

The licensee should have a training methodology that assures direct care staff competency in the area of safety and fire prevention appropriate to the needs of the current resident population identified in the facility's program statement and admission policy. The training provided to staff should minimally address knowledge of basic emergencies, including medical and weather emergencies and other disasters; knowledge of responsibilities during emergency situations; knowledge of the facility's emergency plan; knowledge of what to do to assist residents with special needs, knowledge of how to prevent and respond to common types of home fires and knowledge of the proper operation of fire extinguishers.

The licensee should have a training methodology to assure direct care staff are competent in prevention and containment of communicable diseases consistent with current OSHA guidelines on blood-borne pathogens. The training should address such areas as identification of situations where risk of exposure to blood-borne pathogens exist, recognize the need to keep work and room surfaces clean, orderly and in a safe and sanitary condition; know the purpose of universal precautions; know what precautions should be taken to prevent the spread of disease; and knowledge of correct hand-washing procedures.

Acceptable sources of training may include but are not limited to, local health departments, American Red Cross, training by a licensed physician, registered nurse, hospitals, MDHHS/CMH training and training provided by the licensee utilizing appropriately related materials.

R 400.15205 Health of a licensee, direct care staff, administrator, other employees, those volunteers under the direction of the licensee, and members of the household.

(6) A licensee shall annually review the health status of the administrator, direct care staff, other employees, and members of the household. Verification of annual reviews shall be maintained by the home and shall be available for department review.

FINDING: Direct care staff, Tonya Jeffreys and Ruthann Wing, did not have annual health care reviews for 2021.

REPEAT VIOLATION ESTABLISHED

See 2020 Renewal LSR, dated 05/22/2022, CAP dated 06/01/2020.

R 400.15208 Direct care staff and employee records.

(3) A licensee shall maintain a daily schedule of advance work assignments, which shall be kept for 90 days. The schedule shall include all of the following information:

(a) Names of all staff on duty and those volunteers who are under the direction of the licensee.

(b) Job titles.

(c) Hours or shifts worked.

(d) Date of schedule.

(e) Any scheduling changes.

FINDING: The licensees did not have a daily schedule of advance work assignments available for review, as required.

R 400.15301 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.

FINDING: Resident D's admit date was 04/17/2019; however, he had no *Health Care Appraisal* in his resident file to indicate it had been completed within 90 days of admission or annually thereafter, as required.

R 400.15301 **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.

FINDING: Four out of five resident files reviewed indicated resident *Assessment Plans for AFC Residents* (assessment plan) had not been completed on an annual basis, as required.

Resident A's last completed assessment plan was dated 06/03/2019.
Resident B's last completed assessment plan was dated 02/07/2020.
Resident C's last completed assessment plan was dated 06/25/2020.
Resident D's last completed assessment plan was dated 06/21/2019. Additionally, Resident D's last assessment plan was not signed by the licensee.

R 400.15301 **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.

FINDING: Four out of five resident files reviewed indicated *Resident Care Agreements* (RCA) had not been reviewed on an annual basis, as required.

Resident A's last completed RCA was dated 06/21/2019.

Resident B's last completed RCA was dated 02/07/2020.

Resident C's last completed RCA was dated 06/25/2020.

Resident D's last completed RCA was dated 06/21/2019. Additionally, Resident D's last RCA was not signed by the licensee.

At the time of the annual review and whenever the AFC - Resident Care Agreement is completed, the licensee is to provide the resident and/or designated representative with a copy of the newly completed AFC - Resident Care Agreement. If there are no changes to the AFC - Resident Care Agreement, the form may be re-signed and dated by all required parties during the annual review.

R 400.15403 Maintenance of premises.

(5) Floors, walls, and ceilings shall be finished so as to be easily cleanable and shall be kept clean and in good repair.

FINDING: The floor near the sink in the bathroom off the kitchen was soft indicating the subfloor was damaged or in need of repair. The licensee, Mr. Wing, indicated he planned to repair the floor soon.

R 400.15407 Bathrooms.

(3) Bathrooms shall have doors. Only positive-latching, non-locking-against-egress hardware may be used. Hooks and eyes, bolts, bars, and other similar devices shall not be used on bathroom doors.

FINDING: The hardware was locking against egress on both main level bathroom doors. The licensee, Mr. Wing, provided pictures after the on-site confirming he installed non locking egress door handles.

IV. RECOMMENDATION

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

Cathy Cushman

03/16/2022

Cathy Cushman
Licensing Consultant

Date