



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

ORLENE HAWKS
DIRECTOR

May 13, 2022

Kathleen Potter-Maddin
P.O. Box 739
3775 Wolf Lake Rd
Grass Lake, MI 49240

RE: License #: AM380008530
Country Meadows Care Home
3775 Wolf Lake Road
Grass Lake, MI 49240

Dear Ms. Potter-Maddin:

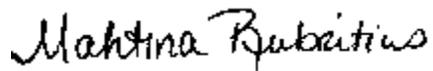
Attached is the Renewal Licensing Study Report for the facility referenced above. The violations cited in the report require the submission of a written corrective action plan. The corrective action plan is due 15 days from the date of this letter and must include the following:

- 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 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,

A handwritten signature in black ink that reads "Mahtina Rubritius". The signature is written in a cursive, slightly slanted style.

Mahtina Rubritius, Licensing Consultant
Bureau of Community and Health Systems
Cadillac Place
3026 W. Grand Blvd., Ste. #9-100
Detroit, MI 48202
(517) 262-8604

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

I. IDENTIFYING INFORMATION

License #:	AM380008530
Licensee Name:	Kathleen Potter-Maddin
Licensee Address:	P.O. Box 739 3775 Wolf Lake Rd Grass Lake, MI 49240
Licensee Telephone #:	(517) 522-5013
Licensee/Licensee Designee:	N/A
Administrator:	Kathleen Potter-Maddin
Name of Facility:	Country Meadows Care Home
Facility Address:	3775 Wolf Lake Road Grass Lake, MI 49240
Facility Telephone #:	(517) 522-5013
Original Issuance Date:	01/01/1984
Capacity:	12
Program Type:	PHYSICALLY HANDICAPPED AGED

II. METHODS OF INSPECTION

Date of On-site Inspection(s): 05/10/2022 – Due to recent positive cases of COVID-19 in the home, a Virtual Renewal Inspection was completed.

Date of Bureau of Fire Services Inspection if applicable: Pending

Date of Health Authority Inspection if applicable: 10/18/2021

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 **5**

No. of others interviewed **0** Role:

- 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:
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 400.14203

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.

- The licensee did not complete the required 16-hours of training in 2020 and 2021.

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.

(2) A licensee shall have, on file with the department, a statement that is signed by a licensed physician or his or her designee attesting to the physician's knowledge of the physical health of the licensee and administrator. The statement shall be signed within 6 months before the issuance of a temporary license and at any other time requested by the department.

- The licensee did not provide an updated annual health care review for 2021.

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.

- The licensee did not provide documentation to demonstrate that she has been tested for communicable tuberculosis.

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.

- The *AFC Assessment Plan* was last reviewed on May 3, 2021, for Resident A.
- The *AFC Assessment Plan* was not reviewed annually, as required, for Resident B.

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.

- The *Resident Care Agreement* was not reviewed annually, as required, for Resident B.

R 400.14407

Bathrooms.

(1) Bathrooms and toilet facilities that do not have windows shall have forced ventilation to the outside. Bathroom windows that are used for ventilation shall open easily.

- The mechanical fan in the half bathroom was not working and required repair.

IV. RECOMMENDATION

Contingent upon receipt of an acceptable corrective action plan and an approved Bureau of Fire Services Inspection Report, renewal of the license is recommended.

Mahtina Rubritius

05/13/2022

Mahtina Rubritius
Licensing Consultant

Date