



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

ORLENE HAWKS
DIRECTOR

February 01, 2022

Karen Gardner
4522 Old Lansing Road
Lansing, MI 48917

RE: License #: AM330015780
Gardners Adult Foster Care
2924 W Willow Road
Lansing, MI 48917

Dear Ms. Gardner:


Attached is the Renewal Licensing Study Report for the facility referenced above. You have submitted an acceptable written corrective action plan addressing the violations cited in the report.

To verify your implementation and compliance with this corrective action plan an onsite inspection will be conducted.

A six-month provisional license is recommended. If you do not contest the issuance of a provisional license, you must indicate so in writing; this may be included in your corrective action plan or in a separate document. If you contest the issuance of a provisional license, you must notify this office in writing and an administrative hearing will be scheduled. Even if you contest the issuance of a provisional license, you must still submit an acceptable corrective action plan within 15 days.

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 cursive script that reads "Julie Elkins".

Julie Elkins, Licensing Consultant
Bureau of Community and Health Systems
611 W. Ottawa Street
P.O. Box 30664
Lansing, MI 48909

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

I. IDENTIFYING INFORMATION

License #:	AM330015780
Licensee Name:	Karen Gardner
Licensee Address:	4522 Old Lansing Road Lansing, MI 48917
Licensee Telephone #:	(517) 322-4050
Administrator:	Karen Gardner
Name of Facility:	Gardners Adult Foster Care
Facility Address:	2924 W Willow Road Lansing, MI 48917
Facility Telephone #:	(517) 886-1114
Original Issuance Date:	01/09/1995
Capacity:	12
Program Type:	AGED

II. METHODS OF INSPECTION

Date of On-site Inspections: 01/21/2022

Date of Bureau of Fire Services Inspection if applicable: 03/15/2021

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 1
No. of residents interviewed and/or observed 4
No. of others interviewed 1 Role: licensee/administrator

- 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:
10/29/2021, 403(1) and 01/22/2020, 315(3), 205(3) and 205(5). 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.**

Karen Gardner who is both the licensee and administrator did not have documentation available at the time of the inspection to verify that she had completed 16 hours of training annually for 2020 or 2021.

- R 400.14204 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:**
- (b) First aid.**
 - (c) Cardiopulmonary resuscitation.**

At the time of the inspection, employee records for Karen Gardner, Jabe Gardner and Natalie Gardner did not contain verification that they were competent in first aid and Cardiopulmonary resuscitation.

- 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.

At the time of the inspection, the employee record for licensee and administrator Karen Gardner did not contain verification she had been tested for communicable tuberculosis within the last three years.

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.

(5) A licensee shall obtain written evidence, which shall be available for department review, that each direct care staff, other employees, and members of the household have been tested for communicable tuberculosis and that if the disease is present, appropriate precautions shall be taken as required by state law. Current testing shall be obtained before an individual's employment, assumption of duties, or occupancy in the home. The results of subsequent testing shall be verified every 3 years thereafter or more frequently if necessary.

At the time of the inspection, employee records for Jabe Gardner and Natalie Gardner did not contain verification that they had been tested for communicable tuberculosis within the last three years.

REPEAT VIOLATION ESTABLISHED [Reference LSR dated 1/22/2020 CAP dated 1/22/2020]

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.

At the time of the inspection, three of four resident records were reviewed and Resident A, Resident B and Resident C's records did not contain written assessment plans that were updated annually.

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.

At the time of the inspection, Resident A, Resident B and Resident C's records did not contain resident care agreements that were updated annually.

R 400.14312 Resident medications.

(1) Prescription medication, including dietary supplements, or individual special medical procedures shall be given, taken, or applied only as prescribed by a licensed physician or dentist. Prescription medication shall be kept in the original pharmacy-supplied container, which shall be labeled for the specified resident in accordance with the requirements of Act No. 368 of the Public Acts of 1978, as amended, being {333.1101 et seq. of the Michigan Compiled Laws, kept with the equipment to administer it in a locked cabinet or drawer, and refrigerated if required.

All of the residents' prescribed medications were not being stored in the original pharmacy supplied containers. Licensee Karen Gardner admitted to setting up the prescribed medications for the residents in weekly pill organizers.

At the time of inspection, over the counter medications, vitamins and refrigerated medications were not locked up.

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:
(a) Be trained in the proper handling and administration of medication.
(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.
- (c) Record the reason for each administration of medication that is prescribed on an as needed basis.
- (d) Initiate a review process to evaluate a resident's condition if a resident requires the repeated and prolonged use of a medication that is prescribed on an as needed basis. The review process shall include the resident's prescribing physician, the resident or his or her designated representative, and the responsible agency.
- (e) Not adjust or modify a resident's prescription medication without instructions from a physician or a pharmacist who has knowledge of the medical needs of the resident. A licensee shall record, in writing, any instructions regarding a resident's prescription medication.
- (f) Contact the appropriate health care professional if a medication error occurs or when a resident refuses prescribed medication or procedures and follow and record the instructions given.

At the time of the inspection medication administration records for Resident A, Resident B, Resident C and Resident D were not available for review as licensee Karen Gardner could not locate the records.

On 01/25/2022, I went to the facility for a second time and direct care worker Natalie Gardner reported that the facility did not have any medication administration records for Resident A, Resident B, Resident C and Resident D. Direct care worker Natalie Gardner reported that the facility continued to administer resident medications without documenting what medications were given and when.

R 400.14318

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.

At the time of the inspection, fire drill records for 2021 could not be located and therefore were unable to be reviewed.

R 400.14506 Fire extinguishers; location, examination, and maintenance.

(2) Fire extinguishers shall be examined and maintained as recommended by the manufacturer.

The fire extinguishers on the main floor and in the basement were not inspected or examined according to the recommendation of the manufacture as fire extinguisher tags on each extinguisher were dated 2019.

R 400.14507 Means of egress generally.

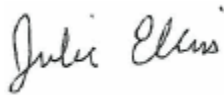
(5) A door that forms a part of a required means of egress shall be not less than 30 inches wide and shall be equipped with positive-latching, non-locking-against-egress hardware.

The front door of the facility had a steel door lock flip which was locking against egress.

On 01/27/2022 I contacted licensee Karen Gardner about the provisional license recommendation, and I left a message on her voicemail. On 01/30/2022, licensee Gardner reported that she understood the provisional license recommendation. On 01/31/2022, licensee Gardner faxed over a letter accepting the provisional license.

IV. RECOMMENDATION

Contingent upon receipt of an acceptable corrective action plan, issuance of a provisional license is recommended.



01/27/2022

Julie Elkins
Licensing Consultant

Date

Approved:



02/01/2022

Dawn Timm
Area Manager

Date