

GRETCHEN WHITMER
GOVERNOR

## STATE OF MICHIGAN DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS LANSING

ORLENE HAWKS DIRECTOR

February 22, 2022

Tyler Curtis
CBI Rehabilitation Services, Inc.
3446 E. Lake Lansing Rd.
East Lansing, MI 48823

RE: License #: AS330294925

CBI Rehabilitation Services, Inc.

3320 Westwood Lansing, MI 48906

Dear Mr. Curtis:

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,

Julie Elkins, Licensing Consultant

Bureau of Community and Health Systems

611 W. Ottawa Street

P.O. Box 30664

Julia Ellins

Lansing, MI 48909

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

#### I. IDENTIFYING INFORMATION

**License #:** AS330294925

**Licensee Name:** CBI Rehabilitation Services, Inc.

**Licensee Address:** 3446 E. Lake Lansing Rd.

East Lansing, MI 48823

**Licensee Telephone #**: (517) 349-6975

Licensee Designee: Tyler Curtis

**Administrator:** Tyler Curtis

Name of Facility: CBI Rehabilitation Services, Inc.

Facility Address: 3320 Westwood

Lansing, MI 48906

**Facility Telephone #:** (517) 886-5629

Original Issuance Date: 07/31/2009

Capacity: 6

Program Type: DEVELOPMENTALLY DISABLED

MENTALLY ILL

TRAUMATICALLY BRAIN INJURED

#### **II. METHODS OF INSPECTION**

| Dat   | e of On-site Inspection:  | 02/22/2022                               |                                     |
|---|---|--|-------------------------------------|
| Date of Bureau of Fire Services Inspection if applicable:   |   |  | N/A                                 |
| Date of Health Authority Inspection if applicable:  |   |  | N/A                                 |
| Insp  | pection Type:   | ☐ Interview and Observation☐ Combination | n ⊠ Worksheet<br>□ Full Fire Safety |
| No. of staff interviewed and/or observed 4 No. of residents interviewed and/or observed 5 No. of others interviewed 1 Role: licensee designee/admin |   |  |                                     |
| •   | Medication pass / simulated pass observed? Yes ⊠ No ☐ If no, explain.   |  |                                     |
| •   | Medication(s) and medication record(s) reviewed? Yes $\boxtimes$ No $\square$ If no, explain  |  |                                     |
| •   | Resident funds and associated documents reviewed for at least one resident? Yes \( \subseteq \ No \subseteq \ If no, explain. \) Meal preparation / service observed? Yes \( \subseteq \ No \subseteq \ If no, explain. \) inspection was not durning meal time. Fire drills reviewed? Yes \( \subseteq \ No \subseteq \ If no, explain. \) |  |                                     |
| •   | Fire safety equipment and practices observed? Yes $\boxtimes$ No $\square$ 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.   |  |                                     |
| •   | N/A 🖂   | compliance verified? Yes                 |                                     |
| •   | Number of excluded e  | mployees followed-up?                    | N/A ⊠                               |
| •   | Variances? Yes ☐ (p   | lease 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.

(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.

At the time of the inspection, medications that required refrigeration were not locked up.

### 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 were not available for review and the fourth quarter fire drill records for 2020 were not conducted.

#### R 400.14403 Maintenance of premises.

(11) Handrails and nonskid surfacing shall be installed in showers and bath areas.

At the time of the inspection one of the bath rooms contained a removable bat mat in the shower.

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

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

At the time of the inspection the facility did not have documentation that verified that the fire extinguishers were being examined monthly.

#### IV. RECOMMENDATION

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

Julie Elkins Date Licensing Consultant