



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

ORLENE HAWKS
DIRECTOR

August 26, 2022

Laura and Alexis Brosius
5845 Lum Rd
ATTICA, MI 48412

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| RE: License #: | AF440410099 Angelic Gardens 5845 Lum Rd Attica, MI 48412 |
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Dear Mr. and Mrs. Brosius:

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) 643-7960.

Sincerely,

A handwritten signature in black ink that reads "Susan Hutchinson". The signature is written in a cursive style with a large initial 'S'.

Susan Hutchinson, Licensing Consultant
Bureau of Community and Health Systems
611 W. Ottawa Street
P.O. Box 30664
Lansing, MI 48909
(989) 293-5222

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

I. IDENTIFYING INFORMATION

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| License #: | AF440410099 |
| Licensee Name: | Brosius, Laura and Alexis |
| Licensee Address: | 5845 Lum Rd ATTICA, MI 48412 |
| Licensee Telephone #: | (810) 357-6730 |
| Licensee/Licensee Designee: | N/A |
| Administrator: | N/A |
| Name of Facility: | Angelic Gardens |
| Facility Address: | 5845 Lum Rd Attica, MI 48412 |
| Facility Telephone #: | (810) 721-2378 |
| Original Issuance Date: | 04/08/2022 |
| Capacity: | 6 |
| Program Type: | PHYSICALLY HANDICAPPED DEVELOPMENTALLY DISABLED MENTALLY ILL ALZHEIMERS AGED |
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II. METHODS OF INSPECTION

Date of On-site Inspection(s): 08/23/2022

Date of Bureau of Fire Services Inspection if applicable: N/A

Date of Health Authority Inspection if applicable: 12/15/2021

Inspection Type: Interview and Observation Worksheet
 Combination Full Fire Safety

No. of staff interviewed and/or observed 3
No. of residents interviewed and/or observed 5
No. of others interviewed 0 Role: N/A

- 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.
My inspection did not take place during a mealtime
- 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.
N/A
- 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

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| This facility was found to be in non-compliance with the following rules: | |
| R 400.1405 | Health of a licensee, responsible person, and member of the household. |
| | (2) A licensee shall have on file with the department a statement signed by a licensed physician or his or her designee with regard to his or her knowledge of the physical health of the licensee and each responsible person. The statement shall be signed within 6 months before the issuance of a license and at any other time requested by the department. |
| At the time of my inspection, I noted that the licensee did not have a signed statement by a licensed physician regarding an employee/responsible person's health. All employees/responsible person's must have a signed statement by a licensed physician attesting to their good physical health. | |
| R 400.1407 | Resident admission and discharge criteria; resident assessment plan; resident care agreement; house guidelines; fee schedule; physicians instructions; health care appraisal. |
| | (3) In situations where a resident is referred for admission, the resident assessment plan shall be conducted in conjunction with the resident or the resident's designated representative, the responsible agency, 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 my inspection, I noted that the licensee was not completing the Assessment Plan using descriptions as required by this rule. All Assessment Plans must be completed in their entirety, using explanations and descriptions as required in the form. | |
| R 400.1416 | Resident health care. |
| | (3) A licensee shall record the weight of a resident upon admission and monthly thereafter. Weight records shall be kept on file for 2 years. |

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| <p>At the time of my inspection, I noted that the licensee was not recording the weights of one of the residents. Weights must be recorded on all residents upon admission and monthly thereafter. If a resident is non-weight-bearing, alternate arrangements must be made to determine a resident's weight.</p> | |
| <p>R 400.1418</p> | <p>Resident medications.</p> |
| | <p>(5) Prescription medication shall be kept in the original pharmacy-supplied and pharmacy-labeled container, stored in a locked cabinet or drawer, refrigerated if required, and labeled for the specific resident.</p> |
| <p>At the time of my inspection, I noted that one resident had medications in their room. All medications must be stored in a locked cabinet or drawer.</p> | |
| <p>R 400.1422</p> | <p>Resident records.</p> |
| | <p>(1) A licensee shall complete and maintain a separate record for each resident and shall provide record information as required by the department. A resident record shall include, at a minimum, all of the following information:</p> <ul style="list-style-type: none"> (a) Identifying information, including, at a minimum, all of the following: <ul style="list-style-type: none"> (i) Name. (ii) Social security number. (iii) Home address. (iv) Name, address, and telephone number of the next of kin or designated representative. (v) Name, address, and telephone number of person or agency responsible for the resident's placement in the home. (vi) Name, address, and telephone number of the preferred physician and hospital. (b) Date of admission. (c) Date of discharge and place to which resident was discharged. (d) Health care information, including all of the following: <ul style="list-style-type: none"> (i) Health care appraisals. (ii) Medication logs. (iii) Statements and instructions for supervising prescribed medication. (iv) Instructions for emergency care. (e) Resident care agreement. (f) Assessment plan. (g) Weight record. (h) Incident and accident reports. (i) Resident funds and valuables record. (j) Resident grievances and complaint record. |

At the time of my inspection, I noted that the licensee was not completing the Resident Identification Form in its entirety. All information must be completely filled out including their date of admission, home address, etc.

IV. RECOMMENDATION

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

Susan Hutchinson

August 26, 2022

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| Susan Hutchinson Licensing Consultant | Date |
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