

GRETCHEN WHITMER GOVERNOR STATE OF MICHIGAN DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS LANSING

ORLENE HAWKS DIRECTOR

September 29, 2022

Kimberly Gee Wood Care X, Inc., d/b/a Caretel Inns of Linden 910 S. Washington Ave. Royal Oak, MI 48067

RE: License #:	AL250331295
	Homer House Inn
	202 S Bridge Street
	Linden, MI 48451

Dear Mrs. Gee:

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,

Jusan Hutchinson

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

> 611 W. OTTAWA • P.O. BOX 30664 • LANSING, MICHIGAN 48909 www.michigan.gov/lara • 517-335-1980

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

## I. IDENTIFYING INFORMATION

License #:	AL250331295
Licensee Name:	Wood Care X, Inc., d/b/a Caretel Inns of Linden
Licensee Address:	910 S. Washington Ave.
	Royal Oak, MI 48067
Licensee Telephone #:	(810) 735-9400
•	
Licensee/Licensee Designee:	Kimberly Gee
Administrator:	Kimberly Gee
Name of Facility:	Homer House Inn
Facility Address:	202 S Bridge Street
	Linden, MI 48451
Facility Telephone #:	(810) 735-9400
Original Issuance Date:	05/01/2014
Capacity:	20
Program Type:	AGED

## **II. METHODS OF INSPECTION**

Date of On-site Inspection(s):	09/14/2022
Date of Bureau of Fire Services Inspection if appli	icable: 12/09/2021
Date of Health Authority Inspection if applicable:	09/14/2022
No. of staff interviewed and/or observed No. of residents interviewed and/or observed No. of others interviewed 0 Role: N/A	4 9
Medication pass / simulated pass observed?	Yes 🛛 No 🗌 If no, explain.
Medication(s) and medication record(s) review	wed? Yes 🛛 No 🗌 If no, explain.
<ul> <li>Resident funds and associated documents re Yes No I If no, explain.</li> <li>Meal preparation / service observed? Yes X</li> </ul>	
• Fire drills reviewed? Yes $\boxtimes$ No $\square$ If no, ex	xplain.
• Fire safety equipment and practices observed	d? Yes 🛛 No 🗌 If no, explain.
<ul> <li>E-scores reviewed? (Special Certification Onl If no, explain.</li> <li>Water temperatures checked? Yes X No </li> </ul>	.,
● Incident report follow-up? Yes ⊠ No □ If r	າo, explain.
<ul> <li>Corrective action plan compliance verified? N/A </li> <li>N/A </li> <li>Number of excluded employees followed-up?</li> </ul>	
● Variances? Yes ⊠ (please explain) No 🗌	N/A 🗌

Variance on Funds Part II form

# **III. DESCRIPTION OF FINDINGS & CONCLUSIONS**

This facility was t	found to be in non-compliance with the following rules:
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.
The Health Care completed within	dent file for a resident who was admitted to this facility on 05/13/22. Appraisal was dated 08/30/22. Health Care Appraisals must be 90-days prior, or in an emergency admission, no later than 30 days admission to the facility.
R 400.15301	Resident admission criteria; resident assessment plan; emergency admission; resident care agreement; physician's instructions; health care appraisal.
	<ul> <li>(6) At the time of a resident's admission, a licensee shall complete a written resident care agreement. A resident care agreement is the document which is established between the resident or the resident's designated representative, the responsible agency, if applicable, and the licensee and which specifies the responsibilities of each party. A resident care agreement shall include all of the following: <ul> <li>(a) An agreement to provide care, supervision, and protection, and to assure transportation services to the resident as indicated in the resident's written assessment plan and health care appraisal.</li> <li>(b) A description of services to be provided and the fee for the service.</li> <li>(c) A description of additional costs in addition to the basic fee that is charged.</li> </ul> </li> </ul>

(d) A description of the transportation services the are provided for the basic fee that is charged and the	at
I ALE DI UVIUEU IUL LITE DASIC TEE LITAL IS CHALUEU ATTU LITE	
transportation services that are provided at an extra cost	
(e) An agreement by the resident or the resident's	
designated representative or responsible agency to prov	
necessary intake information to the licensee,	
including health-related information at the time of	
admission.	
(f) An agreement by the resident or the resident's	
designated representative to provide a current health car	е
appraisal as required by subrule (10) of this rule.	
(g) An agreement by the resident to follow the hou	se
rules that are provided to him or her.	
(h) An agreement by the licensee to respect and	
safeguard the resident's rights and to provide a written	
copy of these rights to the resident.	
(i) An agreement between the licensee and the	
resident or the resident's designated representative to	
follow the home's discharge policy and procedures.	
(j) A statement of the home's refund policy. The	
home's refund policy shall meet the requirements of	
R400.15315.	
(k) A description of how a resident's funds and	
valuables will be handled and how the incidental needs of	f
the resident will be met.	
(I) A statement by the licensee that the home is	
	ts.
(I) A statement by the licensee that the home is	ts.

I reviewed a Resident Care Agreement that was not filled out and the necessary information was not included. All Resident Care Agreements must be completed in their entirety and all necessary information must be included.

R 400.15310	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.
	nt's weight records and noted that the resident's weight was not st 2022. A resident's weight must be recorded upon admission

 and monthly thereafter.

 R 400.15312

 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 my inspection, I noted that the resident in room 816 had over the counter medications in their room. All medications must be kept in a locked cabinet or drawer.

R 400.15402	Food service.
	(4) All food service equipment and utensils shall be constructed of material and that is nontoxic, easily cleaned and maintained in good repair. All food services equipment and eating and drinking utensils shall be thoroughly cleaned after each use.

At the time of my inspection, I noted that the personal refrigerator in room 812 was not working properly. All food service equipment must be maintained in good repair.

R 400.15403	Maintenance of premises.
	(6) All plumbing fixtures and water and waste pipes shall be properly installed and maintained in good working condition. Each water heater shall be equipped with a thermostatic temperature control and a pressure relief valve, both of which shall be in good working condition.
At the time of my	/ inspection, I noted the following:
<ul> <li>The h</li> </ul>	ot water faucet in room 802 was very difficult to turn on

- The hot water faucet in room 802 was very difficult to turn on
- The cold-water faucet in room 815 was very difficult to turn on
- The faucet in the public restroom was difficult to turn on
- The hot water faucet in room 808 would not turn on

All plumbing fixtures must be maintained in good working condition.

## IV. RECOMMENDATION

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

Jusan Hutchinson

September 29, 2022

Susan Hutchinson	Date
Licensing Consultant	