



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

ORLENE HAWKS
DIRECTOR

November 28, 2022

Cynthia Sanders
Creston AFC LLC
251 Sweet NE
Grand Rapids, MI 49505

RE: License #: AM410409437
Creston AFC LLC
251 Sweet NE
Grand Rapids, MI 49505

Dear Mrs. Sanders:

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 (616) 356-0183.

Sincerely,

Anthony Mullins

Anthony Mullins, Licensing Consultant
Bureau of Community and Health Systems
Unit 13, 7th Floor
350 Ottawa, N.W.
Grand Rapids, MI 49503

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 #: AM410409437

Licensee Name: Creston AFC LLC

Licensee Address: 251 Sweet NE
Grand Rapids, MI 49505

Licensee Telephone #: (616) 363-3457

Licensee/Licensee Designee: Cynthia Sanders, Designee

Administrator:

Name of Facility: Creston AFC LLC

Facility Address: 251 Sweet NE
Grand Rapids, MI 49505

Facility Telephone #: (616) 363-3457

Original Issuance Date: 06/01/2022

Capacity: 10

Program Type: DEVELOPMENTALLY DISABLED
MENTALLY ILL
AGED

II. METHODS OF INSPECTION

Date of On-site Inspection(s): 11/23/2022

Date of Bureau of Fire Services Inspection if applicable: 03/16/2022

Date of Health Authority Inspection if applicable: N/A

No. of staff interviewed and/or observed 2

No. of residents interviewed and/or observed 5

No. of others interviewed 1 Role: Owner/Designee

- 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.
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

This facility was found to be in non-compliance with the following rules:

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, Resident D did not have an updated assessment plan on file.

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.

Resident A had several medications that were not initialed on his MAR between 11/22/22 and 11/23/22. The medications include the following: Aspirin Low Dose 81MG, Atorvastatin Tab 40MG, Levothyroxin Tab 125MCG, Metformn ER Tab 100MG, Risperidone Tab 4MG, Quetiapine Tab 100MG, Quetiapine Tab 400MG, and Vitamin D3 – 50MCG Tabs.

Resident B had several medications that were not initialed on his MAR between 11/22/22 and 11/23/22. The medications include the following: Amlodipine Tab 10MG, Clozapine Tab 100MG, Docusate Sodium 10MG Cap, Famotidine Tab 40MG, Furosemide Tab 20MG, Glycopyrol Tab 1MH, Melatonin Sub 5MG, Mirtazapine Tab 30MG, Pantoprazole Tab 40 MG, and Tamsulosin Cap 0.4. Also, Mrs. Sanders confirmed that Resident B is receiving Tegretol 100MG daily. However, this medication is not listed on his November MAR.

Resident E had several medications that were not initialed on his MAR between 11/22/23 and 11/23/22. The medications include the following: Acetaminophen 500MG, Bzotropine Tab 1MG, Buspirone Tab 10MG, Buspirone Tab 15MG, Cyclobenzapr Tab 5MG, Haloperidol Tab 10MG, and Risperidone Tab 4MG.

Mrs. Sanders was adamant that all residents received their medications as prescribed, despite the MAR not being completed.

IV. RECOMMENDATION

I spoke to Mrs. Sanders on 11/23/22 and explained that a corrective action plan is needed for the violations listed above. Mrs. Sanders agreed to complete a CAP as soon as possible.

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

Anthony Mullins

11/28/2022

Anthony Mullins
Licensing Consultant

Date

