



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

ORLENE HAWKS  
DIRECTOR

December 6, 2022

Allison Morrow  
ProMedica of Adrian MI, LLC  
Suite 16 Floor  
333 N Summit Street  
Toledo, OH 43604

RE: License #: AH460397452  
ProMedica Charlotte Stephenson Manor  
581 Kimole Lane  
Adrian, MI 49221

Dear Ms. Morrow:

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 authorized representative and a date.

Upon receipt of an acceptable corrective action plan, a regular license will be issued. If you fail to submit an acceptable corrective action plan, disciplinary action will result. Please review the enclosed documentation for accuracy and contact me with any questions. In the event that I am not available and you need to speak to someone immediately, please feel free to contact the local office at (517) 241-1970.

Sincerely,

A handwritten signature in cursive script that reads "Jessica Rogers".

Jessica Rogers, Licensing Staff  
Bureau of Community and Health Systems  
611 W. Ottawa Street  
P.O. Box 30664  
Lansing, MI 48909  
(517) 285-7433  
enclosure

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

**I. IDENTIFYING INFORMATION**

**License #:** AH460397452

**Licensee Name:** ProMedica of Adrian MI, LLC

**Licensee Address:** Suite 16 Floor  
333 N Summit Street  
Toledo, OH 43604

**Licensee Telephone #:** (517) 265-0692

**Authorized Representative:** Allison Morrow

**Administrator/Licensee Designee:** Wendy Sauers

**Name of Facility:** ProMedica Charlotte Stephenson Manor

**Facility Address:** 581 Kimole Lane  
Adrian, MI 49221

**Facility Telephone #:** (517) 265-0690

**Original Issuance Date:** 06/23/2020

**Capacity:** 59

**Program Type:** AGED

## II. METHODS OF INSPECTION

Date of On-site Inspection(s): 12/06/2022

Date of Bureau of Fire Services Inspection if applicable: 11/16/2022

Inspection Type:  Interview and Observation  Worksheet  
 Combination

Date of Exit Conference: 12/7/2022

No. of staff interviewed and/or observed 12

No. of residents interviewed and/or observed 25

No. of others interviewed Two Role Hospice nurse and social worker

- Medication pass / simulated pass observed? Yes  No  If no, explain.
- Medication(s) and medication records(s) reviewed? Yes  No  If no, explain.
- Resident funds and associated documents reviewed for at least one resident? Yes  No  If no, explain. No resident funds held.
- Meal preparation / service observed? Yes  No  If no, explain.
- Fire drills reviewed? Yes  No  If no, explain.  
Bureau of Fire Services reviews fire drills. Disaster plan reviewed and staff interviewed regarding disaster plan.
- Water temperatures checked? Yes  No  If no, explain.
- Incident report follow-up? Yes  IR date/s: N/A
- Corrective action plan compliance verified? Yes  CAP date/s and rule/s:  
Renewal LSR dated 2/25/2021 to CAP dated 4/8/2021: R 325.1921
- Number of excluded employees followed up? One N/A

### III. DESCRIPTION OF FINDINGS & CONCLUSIONS

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

**R 325.1922 Admission and retention of residents.**

**(5) A home shall update each resident's service plan at least annually or if there is a significant change in the resident's care needs. Changes shall be communicated to the resident and his or her authorized representative, if any.**

Resident A admitted to the facility on 11/30/2010 in which her service plan was dated 1/19/2021.

**VIOLATION ESTABLISHED**

**R 325.1932 Resident medications.**

**(2) The giving, taking, or applying of prescription medications shall be supervised by the home in accordance with the resident's service plan.**

The giving, taking, or applying of prescription medications was not always addressed in the resident's service plan.

For example: According to Resident A's October and November 2022 Medication Administration Records (MAR), she was prescribed Acetaminophen one tablet every six hours as needed for pain. Resident A's service plan lacked instruction of identifying the source or type of pain.

**VIOLATION ESTABLISHED**

**R 325.1953 Menus.**

**(1) A home shall prepare and post the menu for regular and therapeutic or special diets for the current week. Changes shall be written on the planned menu to show the menu as actually served.**

Interview with Dietary Manager revealed the facility served therapeutic or special diets such as but not limited to pureed and diabetic diets; however, those diet menus were not posted.

**VIOLATION ESTABLISHED**

**R 325.1964**

**Interiors.**

**(9) Ventilation shall be provided throughout the facility in the following manner:**

**(a) A room shall be provided with a type and amount of ventilation that will control odors and contribute to the comfort of occupants.**

**(b) Bathing rooms, beauty shops, toilet rooms, soiled linen rooms, janitor closets, and trash holding rooms shall be provided with a minimum of 10 air changes per hour of continuously operated exhaust ventilation that provide discernable air flow into each of these rooms.**

The residents' bathing/toileting facilities located in rooms 114, 119, 123, 147, as well as the beauty salon and soiled laundry lacked adequate and discernable air flow.

**VIOLATION ESTABLISHED**

**IV. RECOMMENDATION**

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



12/07/2022

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Licensing Consultant

Date