



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

ORLENE HAWKS  
DIRECTOR

December 16, 2022

Derek McGill  
The Gilbert Residence  
203 S Huron  
Ypsilanti, MI 48197

RE: License #: AH810236788  
The Gilbert Residence  
203 S Huron  
Ypsilanti, MI 48197

Dear Mr. McGill:

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 home for the aged 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**

<b>License #:</b>	AH810236788
<b>Licensee Name:</b>	The Gilbert Residence, Inc.
<b>Licensee Address:</b>	203 S Huron Ypsilanti, MI 48197
<b>Licensee Telephone #:</b>	(734) 482-9498
<b>Authorized Representative/ Administrator:</b>	Derek McGill
<b>Name of Facility:</b>	The Gilbert Residence
<b>Facility Address:</b>	203 S Huron Ypsilanti, MI 48197
<b>Facility Telephone #:</b>	(734) 482-9498
<b>Original Issuance Date:</b>	12/01/1999
<b>Capacity:</b>	58
<b>Program Type:</b>	AGED ALZHEIMERS

## II. METHODS OF INSPECTION

Date of On-site Inspection(s): 12/15/2022

Date of Bureau of Fire Services Inspection if applicable: 5/12/2022 and 6/27/2022

Inspection Type:  Interview and Observation  Worksheet  
 Combination

Date of Exit Conference: 12/15/2022

No. of staff interviewed and/or observed 14

No. of residents interviewed and/or observed 35

No. of others interviewed One Role A resident's family member

- 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.
- 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: N/A
- Number of excluded employees followed up? Six N/A

### III. DESCRIPTION OF FINDINGS & CONCLUSIONS

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

**R 325.1923**

**Employee's health.**

**(2) A home shall provide initial tuberculosis screening at no cost for its employees. New employees shall be screened within 10 days of hire and before occupational exposure. The screening type and frequency of routine tuberculosis (TB) testing shall be determined by a risk assessment as described in the 2005 MMWR ?Guidelines for Preventing the Transmission of Mycobacterium tuberculosis in Health-Care Settings, 2005? (<http://www.cdc.gov/mmwr/pdf/rr/rr5417.pdf>), Appendices B and C, and any subsequent guidelines as published by the centers for disease control and prevention. Each home, and each location or venue of care, if a home provides care at multiple locations, shall complete a risk assessment annually. Homes that are low risk do not need to conduct annual TB testing for employees.**

Employee #1's file lacked evidence of a tuberculosis (TB) screening within 10 days of hire and before occupational exposure. Additionally, Ms. Williams stated the facility had not conducted and maintained an annual TB risk assessment.

**R 325.1932**

**Resident medications.**

**(1) Medication shall be given, taken, or applied pursuant to labeling instructions or orders by the prescribing licensed health care professional.**

Review of Resident A's November and December 2022 medication administration records (MARs) revealed on the following dates one or more doses of medications were left blank: 11/3/2022, 11/10/2022, 11/12/2022, 11/13/2022, 11/23/2022, 11/24/2022, 11/26/2022, 11/27/2022, 12/10/2022 and 12/11/2022.

Review of Resident B's November and December 2022 MARs revealed on the following dates one or more doses of medications were left blank: 12/5/2022 and 12/12/2022.

**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 November and December 2022 MARs, he was prescribed Lorazepam twice daily as needed for anxiety and agitation. Resident A's service plan read he could become agitated during the day and evening, however lacked how the resident demonstrates this behavior to alert and inform staff.

According to Resident B's November and December 2022 MARs, she was prescribed Morphine Sulfate sublingually every four hours as needed for pain/agitation. Resident B's service plan lacked instruction of identifying her source or type of pain. Resident B was also prescribed scheduled Lorazepam in the morning and at bedtime, then as needed every four hours for anxiety and agitation. Resident B's service plan read she could become agitated during the evenings, however lacked how the resident demonstrates this behavior to alert and inform staff.

**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 kitchen manager Employee #2 revealed there were residents who received therapeutic or special diets such as but not limited to puree, diabetic, mechanical soft, and low sodium. Employee #2 stated there were not therapeutic or special diet menus available nor posted.

**R 325.1976                      Kitchen and dietary.**

**(6) Food and drink used in the home shall be clean and wholesome and shall be manufactured, handled, stored, prepared, transported, and served so as to be safe for human consumption.**

Interview with kitchen manager Employee #2 revealed the use of chemical sanitization was utilized and tested daily then recorded to demonstrate the task was completed. Review of the December 2022 dish sanitization records revealed they were left blank; thus, it could not be confirmed if proper and adequate sanitization of dishware was completed.

#### **IV. RECOMMENDATION**

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



12/16/2022

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Date

Licensing Consultant