



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

ORLENE HAWKS
DIRECTOR

January 6, 2023

Roseline Rowan
Medhealth Suppliers & Providers, Inc.
706 Britten Ave
Lansing, MI 48910

RE: License #: AS330309216
Bedford House
2227 Bedford Ave.
Lansing, MI 48910

Dear Ms. Rowan:

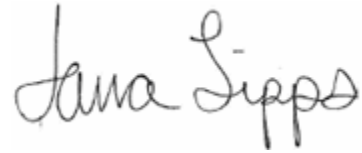
Attached is the Renewal Licensing Study Report for the facility referenced above. The violations cited in the report require the submission of a written corrective action plan. The corrective action plan is due 15 days from the date of this letter and must include the following:

- 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.

Due to the quality of care violations cited in the report, six-month provisional license is recommended. If you do not contest the issuance of a provisional license, you must indicate so in writing; this may be included in your corrective action plan or in a separate document. If you contest the issuance of a provisional license, you must notify this office in writing and an administrative hearing will be scheduled. Even if you contest the issuance of a provisional license, you must still submit an acceptable corrective action plan within 15 days.

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) 284-9730.

Sincerely,

A handwritten signature in cursive script that reads "Jana Lipps". The signature is written in black ink on a white background.

Jana Lipps, Licensing Consultant
Bureau of Community and Health Systems
611 W. Ottawa Street
P.O. Box 30664
Lansing, MI 48909

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

I. IDENTIFYING INFORMATION

License #: AS330309216

Licensee Name: Medhealth Suppliers & Providers, Inc.

Licensee Address: 706 Britten Ave
Lansing, MI 48910

Licensee Telephone #: (517) 712-8585

Licensee Designee: Roseline Rowan

Administrator: Roseline Rowan

Name of Facility: Bedford House

Facility Address: 2227 Bedford Ave.
Lansing, MI 48910

Facility Telephone #: (517) 580-8243

Original Issuance Date: 06/14/2012

Capacity: 6

Program Type: DEVELOPMENTALLY DISABLED
MENTALLY ILL
ALZHEIMERS
AGED

II. METHODS OF INSPECTION

Date of On-site Inspection(s): 12/13/2022

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

Date of Health Authority Inspection if applicable: N/A

No. of staff interviewed and/or observed 1

No. of residents interviewed and/or observed 4

No. of others interviewed 0 Role: [REDACTED]

- 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. Updated funds forms were not available during the time of on-site inspection.
- Meal preparation / service observed? Yes No If no, explain.
- Fire drills reviewed? Yes No If no, explain. Current fire drill records were not available at the time of on-site inspection.
- Fire safety equipment and practices observed? Yes No If no, explain. This facility did not have any fire extinguishers at the time of this on-site inspection.
- E-scores reviewed? (Special Certification Only) Yes No N/A If no, explain. E-scores were not made available to consultant during the time of this on-site inspection.
- Water temperatures checked? Yes No If no, explain.
- Incident report follow-up? Yes No If no, explain.
- 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 330.1803 Facility environment; fire safety.

(6) Evacuation assessments shall be conducted within 30 days after the admission of each new client and at least annually thereafter. The specialized program shall forward a copy of each completed assessment to the responsible agency and retain a copy in the home for inspection. A home that is assessed as having an evacuation difficulty index of "impractical" using appendix f of the life safety code of the national fire protection association shall have a period of 6 month from the date of the finding to either of the following:

(a) Improve the score to at least the "slow" category.

(b) Bring the home into compliance with the physical plant standards for "Impractical" homes contained in chapter 21 of the 1985 life safety code of the national fire protection association, which are adopted by reference in these rules and which may be obtained from the Department of Mental Health, Lewis Cass Building, Lansing, MI 48913, at cost, or from the National Fire Protection Association Library, Battermarch Park, P.O. Box 9101, Quincy, Massachusetts 02269-9101, 1-800-344-3555. A prepaid fee may be required by the national fire protection association for a copy of the chapter 21 standards. A price quote for copying of these pages may be obtained from the national fire protection association.

Evacuation assessments or E-scores for each resident and an overall evacuation assessment for the facility were not available for review during the time of this on-site inspection. Multiple attempts were made on the following dates, 12/13/22, 12/14/22, 12/15/22, 12/19/22, & 12/20/22, to obtain copies of E-scores for each resident and an overall evacuation assessment for the facility. Ms. Rowan was able to email E-scores for three of the six current residents. She has not supplied the other three E-scores at the time of this report.

R 400.14301 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.

Health Care Appraisal forms, found in resident files, at the time of on-site inspection, for Resident A, B, and C have not been updated since the year 2018. Multiple attempts were made on the following dates, 12/13/22, 12/14/22, 12/15/22, 12/19/22, to discuss this finding with Ms. Rowan. Licensing consultant spoke with Ms. Rowan, via telephone, on 12/19/22. Ms. Rowan reported that she had removed the updated Health Care Appraisal forms from the facility to update the resident files. Complete resident records were not available during on-site inspection and not on-site for direct care staff to review.

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.

Resident assessment plans, found in resident files during on-site inspection, for Resident A, B, and C have not been updated since the year 2018. Multiple attempts were made on the following dates, 12/13/22, 12/14/22, 12/15/22, 12/19/22, to discuss these findings with Ms. Rowan. Licensing consultant spoke with Ms. Rowan, via telephone, on 12/19/22. Ms. Rowan reported that she had removed the updated resident assessment plans from the facility to update the resident files. Complete resident records were not available during on-site inspection and not on-site for direct care staff to review.

R 400.14301 Resident admission criteria; resident assessment plan; emergency admission; resident care agreement; physician's instructions; health care appraisal.

(9) A licensee shall review the written resident care agreement with the resident or the resident's designated representative and responsible agency, if applicable, at least annually or more often if necessary.

Resident Care Agreement forms, found in resident files during on-site inspection, for Resident A, B, and C have not been updated since the year 2018. Multiple attempts were made on the following dates, 12/13/22, 12/14/22, 12/15/22, 12/19/22, to discuss this finding with Ms. Rowan. Licensing consultant spoke with Ms. Rowan, via telephone, on 12/19/22. Ms. Rowan reported that she had removed the updated resident care agreement forms from the facility to update the resident files.

R 400.14312 Resident medications.

(2) Medication shall be given, taken, or applied pursuant to label instructions.

Resident D's Medication Administration Record (MAR) was reviewed for the month of December 2022. Resident D is prescribed Oyster Shell Calcium 500 MG PO Tab, twice daily. The MAR was not signed for the morning dosage of this medication on the dates 12/6/22 – 12/13/22. Resident D is prescribed Vitamin D 50000 Unit PO Cap, take 1 capsule by mouth once a week (Mondays). This medication was recorded on the December 2022 MAR as being administered daily from 12/1/22 – 12/12/22. Resident D is prescribed Pravastatin Sodium 40 MG PO tab, once per day. This medication was not recorded as being administered on the dates 12/11/22 and 12/12/22 on the December 2022 MAR.

Resident E's MAR was reviewed for the month of November 2022. Resident E is prescribed Lisinopril 10 MG Tab, take once per day with food. This medication was not recorded as being administered on the dates 11/22/22 – 11/30/22. Resident E is prescribed Venlafaxine HCL 37.5 MG, take one tablet by mouth once daily. This medication was not marked as being administered on the November 2022 MAR for the dates 11/1/22 – 11/30/22.

R 400.14315 Handling of resident funds and valuables.

(3) A licensee shall have a resident's funds and valuables transaction form completed and on file for each resident. A department form shall be used unless prior authorization for a substitute form has been granted, in writing, by the department.

Current or updated *Resident Funds Part II* forms were not available to demonstrate funds transactions upon review of resident records for Resident A, B, and C. The most current *Resident Funds Part II* forms available during on-site inspection were dated for the year 2018. Multiple attempts were made on the following dates, 12/13/22, 12/14/22, 12/15/22, 12/19/22, to discuss this finding with Ms. Rowan. I spoke with Ms. Rowan on 12/19/22 and she reported she had removed the resident files from the facility to update them. She acknowledged that she did not have available funds forms for this consultant to review at the time of renewal inspection.

R 400.14401 Environmental health.

(2) Hot and cold running water that is under pressure shall be provided. A licensee shall maintain the hot water temperature for a resident's use at a range of 105 degrees Fahrenheit to 120 degrees Fahrenheit at the faucet.

The temperature of the water at the kitchen sink was 158.5 degrees Fahrenheit. The temperature of the water at the bathroom sink, on the main level of the facility, was 154.8 degrees Fahrenheit. Residents have access and use both sinks.

R 400.14403 Maintenance of premises.

(2) Home furnishings and housekeeping standards shall present a comfortable, clean, and orderly appearance.

The microwave, currently in use, at the facility was soiled and not in a clean condition at the time of the on-site inspection.

R 400.14506 Fire extinguishers; location, examination, and maintenance.

(1) A minimum of 1 underwriters laboratories approved 2A 10BC extinguisher or equivalent shall be provided for use in a small group home on each occupied floor and in the basement.

I was not able to locate any fire extinguishers in the facility at the time of this on-site inspection. Multiple attempts were made on the following dates, 12/13/22, 12/14/22, 12/15/22, 12/19/22, to discuss this finding with Ms. Rowan. I spoke with Ms. Rowan, via telephone, on 12/19/22. Ms. Rowan reported that she had removed the fire extinguishers from the facility a week prior to the inspection to recharge the fire extinguishers. Ms. Rowan noted the fire extinguishers have not been replaced as of 12/19/22.

R 400.14203 Licensee and administrator training requirements.

(a) Participate in, and successfully complete, 16 hours of training designated or approved by the department that is relevant to the licensee's admission policy and program statement.

Licensee Designee Roseline Rowan did not provide for review documentation of the required 16 hours of annual training for the years 2021 or 2022. Multiple attempts were made on the following dates, 12/13/22, 12/14/22, 12/15/22, 12/19/22, & 12/20/22, to obtain training records from Ms. Rowan. I spoke with Ms. Rowan on 12/19/22 and she reported she would email training records to this consultant by 8am on 12/20/22. Training records were not emailed and Ms. Rowan did not reply to email inquiries or telephone calls for follow up on these records.

R 400.14204 Direct care staff; qualifications and training.

(3) A licensee or administrator shall provide in-service training or make training available through other sources to direct care staff. Direct care staff shall be competent before performing

assigned tasks, which shall include being competent in all of the following areas:

- (a) Reporting requirements.
- (b) First aid.
- (c) Cardiopulmonary resuscitation.
- (d) Personal care, supervision, and protection.
- (e) Resident rights.
- (f) Safety and fire prevention.
- (g) Prevention and containment of communicable diseases.

Licensee Designee Roseline Rowan did not have any employee files available for review at the time of the inspection and has not yet provided employee files to review for renewal inspection for direct care staff, Leeyonna Mathis & Amyiah Hardie. Multiple attempts were made on the following dates, 12/13/22, 12/14/22, 12/15/22, 12/19/22, & 12/20/22 to retrieve these records from Ms. Rowan. I spoke with Ms. Rowan on 12/19/22, via telephone. Ms. Rowan reported she would email training records for Ms. Hardie and Ms. Mathis by 8am 12/20/22. These training records were not emailed to this consultant and Ms. Rowan did not respond to email message or telephone inquiries regarding these records, on 12/20/22.

R 400.14205 Health of a licensee, direct care staff, administrator, other employees, those volunteers under the direction of the licensee, and members of the household.

(3) A licensee shall maintain, in the home, and make available for department review, a statement that is signed by a licensed physician or his or her designee attesting to the physician's knowledge of the physical health of direct care staff, other employees, and members of the household. The statement shall be obtained within 30 days of an individual's employment, assumption of duties, or occupancy in the home.

At the time of the renewal inspection, I was not able to determine the health of direct care staff members, Camille Owens, Leeyonna Mathis, & Amyiah Hardie, as Licensee Designee Roseline Rowan did not provide employee files to review for renewal inspection. Multiple attempts were made on the following dates, 12/13/22, 12/14/22, 12/15/22, 12/19/22, & 12/20/22 to retrieve employee files from Ms. Rowan. On 12/19/22 I spoke with Ms. Rowan via telephone. She reported that she would email employee files to this consultant by 8am on 12/20/22. The records did not arrive via email and Ms. Rowan did not respond to email message or telephone inquiries regarding these records, on 12/20/22.

R 400.14205 Health of a licensee, direct care staff, administrator, other employees, those volunteers under the direction of the licensee, and members of the household.

(4) A licensee shall provide the department with written evidence that he or she and the administrator have been tested

for communicable tuberculosis and that if the disease is present, appropriate precautions shall be taken. The results of subsequent testing shall be verified every 3 years thereafter.

(5) A licensee shall obtain written evidence, which shall be available for department review, that each direct care staff, other employees, and members of the household have been tested for communicable tuberculosis and that if the disease is present, appropriate precautions shall be taken as required by state law. Current testing shall be obtained before an individual's employment, assumption of duties, or occupancy in the home. The results of subsequent testing shall be verified every 3 years thereafter or more frequently if necessary.

(6) A licensee shall annually review the health status of the administrator, direct care staff, other employees, and members of the household. Verification of annual reviews shall be maintained by the home and shall be available for department review.

At the time of the renewal inspection, I was not able to determine if Licensee Designee Roseline Rowan and/or any direct care staff members had up-to-date negative TB test results or annual health review statements as required due to Licensee Designee Roseline Rowan not providing employee files or her own personnel files to review for renewal inspection. Multiple attempts were made on the following dates, 12/13/22, 12/14/22, 12/15/22, 12/19/22, & 12/20/22 to obtain these records from Ms. Rowan. I spoke with Ms. Rowan, via telephone, on 12/19/22. Ms. Rowan reported that she would email these records to this consultant by 8am on 12/20/22. The records were not emailed, and Ms. Rowan did not respond to email or telephone inquiries, on 12/20/22, regarding these records.

R 400.14208

Direct care staff and employee records.

(1) A licensee shall maintain a record for each employee. The record shall contain all of the following employee information:

(a) Name, address, telephone number, and social security number.

(b) The professional or vocational license, certification, or registration number, if applicable.

(c) A copy of the employee's driver license if a direct care staff member or employee provides transportation to residents.

(d) Verification of the age requirement.

(e) Verification of experience, education, and training.

(f) Verification of reference checks.

(g) Beginning and ending dates of employment.

(h) Medical information, as required.

(i) Required verification of the receipt of personnel policies and job descriptions.

Licensee Designee Roseline Rowan did not provide employee files to review for the renewal inspection. Multiple attempts were made on the following dates, 12/13/22, 12/14/22, 12/15/22, 12/19/22, & 12/20/22 to obtain these records from Ms. Rowan. I spoke with Ms. Rowan, via telephone, on 12/19/22. Ms. Rowan reported that she would email employee files to this consultant by 12/20/22 at 8am. The employee files were not emailed to this consultant. Ms. Rowan did not respond to inquiries via email and telephone, on 12/20/22, regarding these records.

400.734b

Employing or contracting with certain individuals providing direct services to residents; prohibitions; criminal history check; exemptions; written consent and identification; conditional employment; use of criminal history record information; disclosure; determination of existence of national criminal history; failure to conduct criminal history check; automated fingerprint identification system database; electronic web-based system; costs; definitions.

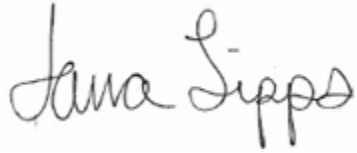
(3) An individual who applies for employment either as an employee or as an independent contractor with an adult foster care facility or staffing agency and who has not been the subject of a criminal history check conducted in compliance with this section shall give written consent at the time of application for the department of state police to conduct a criminal history check under this section, along with identification acceptable to the department of state police. If the individual has been the subject of a criminal history check conducted in compliance with this section, the individual shall give written consent at the time of application for the adult foster care facility or staffing agency to obtain the criminal history record information as prescribed in subsection (4) or (5) from the relevant licensing or regulatory department and for the department of state police to conduct a criminal history check under this section if the requirements of subsection (11) are not met and a request to the Federal Bureau of Investigation to make a determination of the existence of any national criminal history pertaining to the individual is necessary, along with identification acceptable to the department of state police. Upon receipt of the written consent to obtain the criminal history record information and identification required under this subsection, the adult foster care facility or staffing agency that has made a good-faith offer of employment or an independent contract to the individual shall request the criminal history record information from the relevant licensing or regulatory department and shall make a request

regarding that individual to the relevant licensing or regulatory department to conduct a check of all relevant registries in the manner required in subsection (4). If the requirements of subsection (11) are not met and a request to the Federal Bureau of Investigation to make a subsequent determination of the existence of any national criminal history pertaining to the individual is necessary, the adult foster care facility or staffing agency shall proceed in the manner required in subsection (5). A staffing agency that employs an individual who regularly has direct access to or provides direct services to residents under an independent contract with an adult foster care facility shall submit information regarding the criminal history check conducted by the staffing agency to the adult foster care facility that has made a good-faith offer of independent contract to that applicant.

At the time of the renewal inspection, I was not able to determine if Licensee Designee Roseline Rowan had assured direct care staff members, Amyiah Hardie and Leeyonna Mathis, completed the required criminal history clearances, including fingerprint results, due to no employee files being available for review at the time of the renewal inspection. Multiple attempts were made on the following dates, 12/13/22, 12/14/22, 12/15/22, 12/19/22, & 12/20/22 to obtain these records from Ms. Rowan. I spoke with Ms. Rowan on 12/19/22, via telephone. Ms. Rowan reported she would email the records to this consultant by 8am on 12/20/22. These records were not emailed, and Ms. Rowan did not respond to inquiries, via email and telephone, on 12/20/22, regarding these records. On 12/28/22 I received an Exclusion Notice for Ms. Mathis, dated 12/28/22, which indicated she is “*Not Eligible*” to work in an adult foster care setting until the date, 1/28/2039.

IV. RECOMMENDATION

Contingent upon receipt of an acceptable corrective action plan, due to the quality of care violations issuance of a provisional license is recommended.

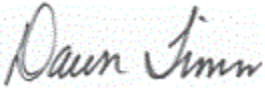


12/20/22

Jana Lipps
Licensing Consultant

Date

Approved:



01/06/2023

Dawn Timm
Area Manager

Date