



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

ORLENE HAWKS  
DIRECTOR

January 11, 2023

Lauren Gowman  
Linden Square Assisted Living  
650 Woodland Drive East  
Saline, MI 48176

RE: License #: AH810334704  
Linden Square Assisted Living  
650 Woodland Drive East  
Saline, MI 48176

Dear Ms. Gowman:

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 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>	AH810334704
<b>Licensee Name:</b>	Linden Square Assisted Living, LLC
<b>Licensee Address:</b>	950 Taylor Avenue Grand Haven, MI 49417
<b>Licensee Telephone #:</b>	(616) 846-4700
<b>Authorized Representative:</b>	Lauren Gowman
<b>Administrator:</b>	Jessica Richardson
<b>Name of Facility:</b>	Linden Square Assisted Living
<b>Facility Address:</b>	650 Woodland Drive East Saline, MI 48176
<b>Facility Telephone #:</b>	(734) 429-7600
<b>Original Issuance Date:</b>	06/21/2013
<b>Capacity:</b>	187
<b>Program Type:</b>	AGED ALZHEIMERS

## II. METHODS OF INSPECTION

Date of On-site Inspection(s): 01/10/2023

Date of Bureau of Fire Services Inspection if applicable: 11/04/2022 and 01/05/2023

Inspection Type:  Interview and Observation  Worksheet  
 Combination

Date of Exit Conference: 01/11/2023

No. of staff interviewed and/or observed 20

No. of residents interviewed and/or observed 45

No. of others interviewed One Role Careline hospice massage therapist

- 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. Staff interviewed regarding disaster plans.
- 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:
- SIR 2022A1027098 dated 10/20/2022 to CAP dated 12/5/2022: R 325.1931(2)
- SIR 2022A1027093 dated 10/20/2022 to CAP dated 12/5/2022: R 325.1932(1)
- SIR 2022A0784039 dated 5/5/2022 to CAP dated 5/25/2022: R 325.1921(1), R 325.1922(5), 333.20201(2)(I)
- SIR 2021A1027020 dated 3/16/2021 to CAP dated 4/19/2021: R 325.1921(1)
- Renewal LSR dated 1/28/2021 to CAP dated 1/28/2021: R 325.1976(6), R 325.1976(8)
- Number of excluded employees followed up? Two N/A

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

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

**R 325.1921                    Governing bodies, administrators, and supervisors.**

**(1) The owner, operator, and governing body of a home shall do all of the following:**

**(b) Assure that the home maintains an organized program to provide room and board, protection, supervision, assistance, and supervised personal care for its residents.**

**For Reference:**

**R 325.1901                    Definitions.**

**(16) "Protection" means the continual responsibility of the home to take reasonable action to ensure the health, safety, and well-being of a resident as indicated in the resident's service plan, including protection from physical harm, humiliation, intimidation, and social, moral, financial, and personal exploitation while on the premises, while under the supervision of the home or an agent or employee of the home, or when the resident's service plan states that the resident needs continuous supervision.**

Employee #1 stated Residents A, B, C and D had bedside assistive devices commonly referred to as "Halo Rings." Employee #1 stated Resident E had a bilateral bed rail, in which she only utilized the right rail. Employee #1 stated some residents removed their halo ring covers. Employee #1 stated the facility did not maintain a physician order for each resident's halo ring(s).

Observations revealed Resident A, B, C and D each had one or two halo rings securely attached to their bed frames in which some did not have covers. Observation of Resident E's bed rails revealed they were attached securely to the bed frame however they did not have covers. The rails had eight vertical slates in which space between some of the slates appeared large enough for an extremity. At the time of inspection, both rails were in the down position at the side of the bed.

Resident A, B, C, and D's service plans read they each had one or two halo rings attached to the bed to assist with bed mobility/positioning. The plans read staff were to observe the halo ring(s) to ensure they were not loose and firmly attached to the frame of the bed. The plans read staff were to observe the gap between the mattress and the halo ring where an extremity or the body could become trapped. The plans read if staff identified the devices were loose, not firmly attached to the frame or had a gap, to notify the supervisor immediately. Resident E's service plan read consistent with statements from Employee #1. The plan read the bed rail on the right side of the bed was to assist with bed mobility/positioning. The plan read consistent with the Resident A, B, C and D's plans regarding staff observing the bed rail and reporting concerns to the supervisor immediately. The plan read the bed rail must have a clear or mesh covering on it.

The resident's service plans lacked sufficient information for specific use, care, and maintenance of the devices including a means for the resident to summon staff, methods for on-going monitoring of the resident, and monitoring measurements of gaps to protect the resident from the possibility of physical harm related to entrapment, entanglement, strangulation, etc.

Interview with Ms. Richardson revealed the facility did not maintain the device's manufacturing guidelines.

Review of facility documentation revealed it lacked documentation of the measurements of gaps for the devices, physical checks on each bedside assistive device from resident care staff, as well as the resident's ability to utilize the device appropriately and summon staff. Additionally, the facility lacked a training program for staff to assess and monitor residents and their devices.

Review of the facility's policy dated 10/11/2022 revealed it was consistent with this rule.

Given the observations listed above and the lack of an organized plan the facility has not provided reasonable protective measures to ensure resident well-being and safety during the use of a bedside assistive device.

**VIOLATION ESTABLISHED**

**[For reference, see special investigation report (SIR) 2022A0784039 dated 5/5/2022 to CAP dated 5/25/2022 and SIR 2021A1027020 dated 3/16/2021 to CAP dated 4/19/2021]**

**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.**

Review of Employee #2's file revealed her date of hire was 7/13/2022 and her tuberculosis (TB) screening was conducted on 8/31/2022 which was not in compliance with this rule.

Additionally, review of the facility's annual TB risk assessment was dated 1/6/2022 which was also not in compliance with this rule.

**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.**

Review of resident's diets posted in the kitchen revealed some residents were prescribed "no concentrated sweets" in which Employee #3 stated the facility lacked preparing and posting a menu for that specific diet.

**VIOLATION ESTABLISHED**

**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.**

Inspection of the Courtyard memory care kitchen revealed the refrigerator contained items that were not dated including but not limited two bottles of ketchup, raspberry vinaigrette dressing, mustard, and Gatorade. Additionally, inspection of the freezer revealed a resident's tuna salad dated 11/13/2022, as well as frozen chicken and potatoes not dated.

**REPEAT VIOLATION ESTABLISHED**

**[For reference, see licensing study report (LSR) dated 1/28/2021 to CAP dated 1/28/2021]**

**R 325.1979            General maintenance and storage.**

**(1) The building, equipment, and furniture shall be kept clean and in good repair.**

Inspection of the kitchen in the Courtyard and Terrace memory care units revealed unsecured hazardous and toxic material, such as disinfecting spray for the dining tables, in unlocked cupboards. These items are an unnecessary ingestion and subsequent poisoning risk to those residents that lack safety awareness.

**VIOLATION ESTABLISHED**

**IV. RECOMMENDATION**

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

*Jessica Rogers*

1/11/2023

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Licensing Consultant

Date