



STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

GRETCHEN WHITMER  
GOVERNOR

ORLENE HAWKS  
DIRECTOR

December 19, 2022

Jennifer Hescott  
Provision Living at East Lansing  
6300 Abbot Road  
East Lansing, MI 48823

RE: License #:	AH330403275 Provision Living at East Lansing 6300 Abbot Road East Lansing, MI 48823
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Dear Ms. Hescott:

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) 284-9730.

Sincerely,

Kimberly Horst, Licensing Staff  
Bureau of Community and Health Systems  
611 W. Ottawa Street  
Lansing, MI 48909

enclosure

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

**I. IDENTIFYING INFORMATION**

<b>License #:</b>	AH330403275
<b>Licensee Name:</b>	AEG East Lansing Opco, LLC
<b>Licensee Address:</b>	Suite 385 1610 Des Peres Rd. St. Louis, MO 63131
<b>Licensee Telephone #:</b>	(314) 272-4980
<b>Authorized Representative:</b>	Jennifer Hescott
<b>Administrator:</b>	Wendy Mehan
<b>Name of Facility:</b>	Provision Living at East Lansing
<b>Facility Address:</b>	6300 Abbot Road East Lansing, MI 48823
<b>Facility Telephone #:</b>	(517) 275-9916
<b>Original Issuance Date:</b>	07/08/2022
<b>Capacity:</b>	126
<b>Program Type:</b>	ALZHEIMERS AGED

## II. METHODS OF INSPECTION

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

Date of Bureau of Fire Services Inspection if applicable: 6/6/2022

Inspection Type:  Interview and Observation  Worksheet  
 Combination

Date of Exit Conference: 12/19/22

No. of staff interviewed and/or observed 5

No. of residents interviewed and/or observed 5

No. of others interviewed 1 Role physical 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. Resident funds not kept in trust
- Meal preparation / service observed? Yes  No  If no, explain.
- Fire drills reviewed? Yes  No  If no, explain.  
Disaster plans reviewed
- 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: 10/12/2022:1924(1), 1924(3) ; 11/14/2022: 1921(1)
- Number of excluded employees followed up? N/A

### III. DESCRIPTION OF FINDINGS & CONCLUSIONS

This facility was found to be in non-compliance with the following rules:	
<b>MCL 333.20173a 5c</b>	<b>Covered facility; conditions of continued employment</b>
	<p>(5) If a covered facility determines it necessary to employ or grant clinical privileges to an applicant before receiving the results of the applicant's criminal history check or criminal history record information under this section, the covered facility may conditionally employ or grant conditional clinical privileges to the individual if all of the following apply (c) Except as otherwise provided in this subdivision, the covered facility does not permit the individual to have regular direct access to or provide direct services to patients or residents in the covered facility without supervision until the criminal history check or criminal history record information is obtained and the individual is eligible for that employment or clinical privileges. If required under this subdivision, the covered facility shall provide on-site supervision of an individual in the covered facility on a conditional basis under this subsection by an individual who has undergone a criminal history check conducted in compliance with this section. A covered facility may permit an individual in the covered facility on a conditional basis under this subsection to have regular direct access to or provide direct services to patients or residents in the covered facility without supervision if all of the following conditions are met: (iii) If applicable, the individual provides to the department of state police a set of fingerprints on or before the 7 expiration of 10 business days following the date the individual was conditionally employed or granted conditional clinical privileges under this subsection.</p>
Review of employee record for staff person 1 and staff person 2 revealed the facility did not complete a workforce background check on the staff persons.	
<b>R 325.1922</b>	<b>Admission and retention of residents.</b>
	<b>(2) The admission policy shall specify all of the following:</b>

	<b>(c) That the individual seeking admission and his or her authorized representative, if any, shall participate in the development of the individual's service plan.</b>
Review of multiple resident service plans revealed the facility was unable to demonstrate the resident and the authorized representative participated in the development of the resident's service plan.	
<b>R 325.1931</b>	<b>Employees; general provisions.</b>
	<b>(3) The home shall designate 1 person on each shift to be supervisor of resident care during that shift. The supervisor of resident care shall be fully dressed, awake, and on the premises when on duty.</b>
Review of staff schedule revealed the facility does not have a designated shift supervisor.	
<b>R 325.1932</b>	<b>Resident medications.</b>
	<b>(1) Medication shall be given, taken, or applied pursuant to labeling instructions or orders by the prescribing licensed health care professional.</b>
Review of Resident B's medication administration record (MAR) revealed Resident B was prescribed Haloperidol 2mg with instruction to administer 0.5ml by mouth every six hours as needed for anxiety/agitation. In addition, Resident B was prescribed Lorazepam 0.5mg with instruction to administer one tablet by mouth every six hours as needed for anxiety. There is no instruction for staff to know whether to administer one over the other or if both can be given at the same time. The lack of instruction places residents at an unnecessary risk of harm due to administration based on what the staff feel is appropriate verses what the physician intended. Similar findings were noted with Resident D	
<b>R 325.1953</b>	<b>Menus.</b>
	<b>(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.</b>
Inspection of the facility revealed the facility does not post the therapeutic menu for the current week.	
<b>R 325.1964</b>	<b>Interiors.</b>

	<p><b>(9) Ventilation shall be provided throughout the facility in the following manner:</b></p> <p><b>(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.</b></p>
<p>Inspection of the facility revealed the facility did not have appropriate ventilation in the laundry room and housekeeping rooms.</p>	
<b>R 325.1976</b>	<b>Kitchen and dietary.</b>
	<p><b>(1) A home shall have a kitchen and dietary area of adequate size to meet food service needs of residents. It shall be arranged and equipped for the refrigeration, storage, preparation, and serving of food, as well as for dish and utensil cleaning and refuse storage and removal.</b></p>
<p>Inspection of the facility revealed the facility sanitizes dishes using a chemical dishwasher. However, the facility does not test the dishwasher by using a thermo-label which shows the dishwasher sanitizes the dishes. The lack of routine checks does not reasonably protect residents from infection should the machine malfunction.</p>	
<b>R 325.1976</b>	<b>Kitchen and dietary.</b>
	<p><b>(5) The kitchen and dietary area, as well as all food being stored, prepared, served, or transported, shall be protected against potential contamination from dust, flies, insects, vermin, overhead sewer lines, and other sources.</b></p>
<p>Inspection of the facility kitchen revealed that the walk-in refrigerator, freezer and dry storage area contained items that were opened, unsealed and were not dated (including pie filling, frozen vegetables, pasta, and cereal).</p>	
<b>R 325.1976</b>	<b>Kitchen and dietary.</b>
	<p><b>(9) An individual portion of food which is served and not eaten shall be destroyed.</b></p>
<p>Inspection of the facility revealed in the memory care unit refrigerator there was leftover ice cream and yogurt that had been served and not destroyed.</p>	

**IV. RECOMMENDATION**

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

*Kimberly Host*

12/19/22

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Licensing Consultant

Date