



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

ORLENE HAWKS  
DIRECTOR

January 23, 2023

Steven Gerdeman  
Extended Care At Fremont, LLC  
747 Tamarack Ave NW  
Grand Rapids, MI 49504

RE: License #: AL130411643  
**Extended Care At Fremont**  
**54 Fremont St.**  
**Battle Creek, MI 49017**

Dear Mr. Gerdeman:

Attached is the Renewal Licensing Study Report for the facility referenced above. You have submitted an acceptable written corrective action plan addressing the violations cited in the report. To verify your implementation and compliance with this corrective action plan:

- You are to submit documentation of compliance.

The study has determined substantial compliance with applicable licensing statutes and administrative rules. Therefore, your license is renewed. It is valid only at your present address and is nontransferable.

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 "Ondrea Johnson".

Ondrea Johnson, Licensing Consultant  
Bureau of Community and Health Systems  
427 East Alcott  
Kalamazoo, MI 49001

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

**I. IDENTIFYING INFORMATION**

**License #:** AL130411643

**Licensee Name:** Extended Care At Fremont, LLC

**Licensee Address:** 747 Tamarack Ave NW  
Grand Rapids, MI 49504

**Licensee Telephone #:** (419) 494-4008

**Licensee/Licensee Designee:** Steven Gerdeman

**Administrator:** Steven Gerdeman

**Name of Facility:** Extended Care At Fremont

**Facility Address:** 54 Fremont St.  
Battle Creek, MI 49017

**Facility Telephone #:** (419) 494-4008

**Original Issuance Date:** 07/25/2022

**Capacity:** 20

**Program Type:** DEVELOPMENTALLY DISABLED  
MENTALLY ILL

## II. METHODS OF INSPECTION

Date of On-site Inspection(s): 01/17/2023

Date of Bureau of Fire Services Inspection if applicable: 3/31/2022

Date of Health Authority Inspection if applicable: 7/13/2022

No. of staff interviewed and/or observed 2

No. of residents interviewed and/or observed 5

No. of others interviewed 0 Role: 0

- 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.
- Meal preparation / service observed? Yes  No  If no, explain.
- Fire drills reviewed? Yes  No  If no, explain.
- Fire safety equipment and practices observed? Yes  No  If no, explain.
- E-scores reviewed? (Special Certification Only) Yes  No  N/A  If no, explain.
- 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 400.15301** 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.

FINDINGS: Licensee designee do not have signature on resident assessment plans to verify that plans were completed with the licensee designee.

**R 400.15312** Resident medications.

**(4)** When a licensee, administrator, or direct care staff member supervises the taking of medication by a resident, he or she shall comply with all of the following provisions:

- (a)** Be trained in the proper handling and administration of medication.
- (b)** Complete an individual medication log that contains all of the following information:
  - (i)** The medication.
  - (ii)** The dosage.
  - (iii)** Label instructions for use.
  - (iv)** Time to be administered.
  - (v)** The initials of the person who administers the medication, which shall be entered at the time the medication is given.
  - (vi)** A resident's refusal to accept prescribed medication or procedures.
- (c)** Record the reason for each administration of medication that is prescribed on an as needed basis.
- (d)** Initiate a review process to evaluate a resident's condition if a resident requires the repeated and prolonged use of a medication that is prescribed on an as needed basis. The review process shall include the resident's prescribing physician, the resident or his or her designated representative, and the responsible agency.

**(e) Not adjust or modify a resident's prescription medication without instructions from a physician or a pharmacist who has knowledge of the medical needs of the resident. A licensee shall record, in writing, any instructions regarding a resident's prescription medication.**

**(f) Contact the appropriate health care professional if a medication error occurs or when a resident refuses prescribed medication or procedures and follow and record the instructions given.**

FINDINGS: Iron medication not recorded on Medication Administration Record for Resident A.

#### **IV. RECOMMENDATION**

An acceptable corrective action plan was received therefore, I recommend issuance of a 2-year regular adult foster care license.



Ondrea Johnson  
Licensing Consultant

1/23/2023

Date