



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

ORLENE HAWKS
DIRECTOR

March 10, 2023

Doris Jackson
5519 Haag Road
Lansing, MI 48911

RE: License #: AF330279630
Dorris' Daily Living AFC
5519 Haag Road, Lansing, MI 48911

Dear Ms. Jackson:

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 by scanning and emailing me the following documents. You can also take a picture or video and send it to my cell phone number listed below by April 1, 2023.
 - Please complete a Resident ID information sheet for each resident.
 - Complete an updated Health Care Appraisal for Resident A (appointment at the end of April – please submit by May 1).
 - Take a video of working smoke detectors.
 - Enter the next two weights for Resident B on his weight record.

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,

Jennifer Browning, Licensing Consultant
Bureau of Community and Health Systems
Browningj1@michigan.gov - (989) 444-9614

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

I. IDENTIFYING INFORMATION

License #:	AF330279630
Licensee Name:	Doris Jackson
Licensee Address:	5519 Haag Road Lansing, MI 48911
Licensee Telephone #:	(517) 393-0652
Name of Facility:	Dorris' Daily Living AFC
Facility Address:	5519 Haag Road Lansing, MI 48911
Facility Telephone #:	(517) 393-0652
Original Issuance Date:	04/18/2006
Capacity:	4
Program Type:	MENTALLY ILL AGED

II. METHODS OF INSPECTION

Date of On-site Inspection(s): 03/09/2023

Date of Bureau of Fire Services Inspection if applicable: Not applicable

Date of Health Authority Inspection if applicable: Not applicable

No. of staff interviewed and/or observed 1

No. of residents interviewed and/or observed 1

No. of others interviewed 1 Role: Licensee

- 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. Ms. Jackson does not keep personal funds.
- Meal preparation / service observed? Yes ☒ No ☐ If no, explain.
The inspection was not done during meal times. The food at the facility appeared safe and free from spoilage and contamination, the food service equipment was in good repair, and the facility appeared equipped to prepare and serve adequate meals.
- 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 400.1407 Resident admission and discharge criteria; resident assessment plan; resident care agreement; house guidelines; fee schedule; physicians instructions; health care appraisal.

(9) If a resident is not under the care of a physician at the time of the resident's admission to the home, the licensee shall require that the resident or the resident's designated representative provide a written health care appraisal completed within the 90-day period before the resident's admission to the home. If a written health care appraisal is not available, a licensee shall require that the appraisal be obtained not later than 30 days after admission. A department form shall be used unless prior authorization for a substitute form has been granted in writing by the department.

Resident A did not have an updated *Health Care Appraisal*.

REPEAT VIOLATION FROM LSR DATED 3/12/21.

R 400.1416 Resident health care.

(3) A licensee shall record the weight of a resident upon admission and monthly thereafter. Weight records shall be kept on file for 2 years.

Licensee Ms. Jackson did not update weight records for Resident B. He has resided there since 2020 and there were only two weights recorded.

R 400.1418 Resident medications.

(4) When a licensee or responsible person supervises the taking of medication by a resident, the licensee or responsible person shall comply with the following provisions:

(a) Maintain a record as to the time and amount of any prescription medication given or applied. Records of prescription medication shall be maintained on file in the home for a period of not less than 2 years.

Licensee Ms. Jackson did not retain the medication administration records of prescription medication in the home for a period of two years.

At the time of the onsite inspection Resident B's Thera-M medication was not recorded on the Medication Administration Record (MAR) even though the medication was given to him.

**REPEAT VIOLATION FROM LSR DATED 3/1/19 AND CAP DATED 2/28/19.
REPEAT VIOLATION FROM LSR DATED 3/12/21.**

R 400.1422

Resident records.

(1) A licensee shall complete and maintain a separate record for each resident and shall provide record information as required by the department. A resident record shall include, at a minimum, all of the following information:

(a) Identifying information, including, at a minimum, all of the following:

(i) Name.

(ii) Social security number.

(iii) Home address.

(iv) Name, address, and telephone number of the next of kin or designated representative.

(v) Name, address, and telephone number of person or agency responsible for the resident's placement in the home.

(vi) Name, address, and telephone number of the preferred physician and hospital.

At the time of the onsite inspection the above referenced information was not in Resident A or Resident B's resident record.

**REPEAT VIOLATION FROM LSR DATED 3/1/19 AND CAP DATED 2/28/19.
REPEAT VIOLATION FROM LSR DATED 3/12/21.**

R 400.1437

Smoke detection equipment.

(1) At least 1 single-station smoke detector shall be installed at the following locations:

(a) Between the sleeping areas and the rest of the home. In homes with more than 1 sleeping area, a smoke detector shall be installed to protect each separate sleeping area.

(b) On each occupied floor, in the basement, and in areas of the home which contain flame- or heat-producing equipment.

During the onsite inspection, the downstairs smoke detector was chirping with a low battery. The upstairs smoke detector in the living room did not work when it was tested.

A corrective action plan was requested and approved on 03/09/2023. It is expected that the corrective action plan be implemented within the specified time frames as outlined in the approved plan. A follow-up evaluation may be made to verify compliance. Should the corrections not be implemented in the specified time, it may be necessary to reevaluate the status of your license.

IV. RECOMMENDATION

An acceptable corrective action plan has been received. Renewal of the license is recommended.



Jennifer Browning
Licensing Consultant

03/10/2023

Date