



STATE OF MICHIGAN  
 DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
 LANSING

GRETCHEN WHITMER  
 GOVERNOR

ORLENE HAWKS  
 DIRECTOR

May 31, 2023

Paul Carlson  
 Masonville Place  
 150 N. Shore Drive  
 Coldwater, MI 49036

RE: License #:	AH120378302 <b>Masonville Place</b> <b>150 N. Shore Drive</b> <b>Coldwater, MI 49036</b>
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Dear Mr. Carlson:

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>	AH120378302
<b>Licensee Name:</b>	Masonville AID OPCO LLC
<b>Licensee Address:</b>	Ste 3700 330 N. Wabash Chicago, IL 60611
<b>Licensee Telephone #:</b>	(312) 725-7000
<b>Authorized Representative:</b>	Paul Carlson
<b>Administrator:</b>	Tricia Weissmann
<b>Name of Facility:</b>	Masonville Place
<b>Facility Address:</b>	150 N. Shore Drive Coldwater, MI 49036
<b>Facility Telephone #:</b>	(517) 278-6805
<b>Original Issuance Date:</b>	12/14/2016
<b>Capacity:</b>	89
<b>Program Type:</b>	AGED

## II. METHODS OF INSPECTION

Date of On-site Inspection(s): 05/30/2023

Date of Bureau of Fire Services Inspection if applicable: 08/05/2022

Inspection Type:  Interview and Observation  Worksheet  
 Combination

Date of Exit Conference: 05/31/2023

No. of staff interviewed and/or observed 5  
No. of residents interviewed and/or observed 10  
No. of others interviewed 0 Role

- 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 and staff interviewed.
- 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: 05/08/2023: R325.1922
- 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>R 325.1922</b>	<b>Admission and retention of residents.</b>
	<p><b>(7) An individual admitted to residence in the home shall have evidence of tuberculosis screening on record in the home that was performed within 12 months before admission. Initial screening may consist of an intradermal skin test, a blood test, a chest x-ray, or other methods recommended by the public health authority. 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? (<a href="http://www.cdc.gov/mmwr/pdf/rr/rr5417.pdf">http://www.cdc.gov/mmwr/pdf/rr/rr5417.pdf</a>) , Appendices B and C, and any subsequent guidelines as published by the centers for disease control and prevention. A 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 have to conduct annual TB testing for residents.</b></p>
<p>Review of Resident A's records revealed Resident A admitted to the facility on 02/28/2022 and the tuberculosis test was completed on 11/06/2020 which is greater than 12 months prior to Resident A's admission date.</p> <p>In addition, Resident B admitted to the facility on 12/14/2022 and a tuberculosis test was completed on 01/16/2023 which was after Resident B was admitted to the facility.</p>	
<b>R 325.1932</b>	<b>Resident medications.</b>
	<p><b>(3) If a home or the home's administrator or direct care staff member supervises the taking of medication by a resident, then the home shall comply with all of the following provisions:</b></p> <p style="padding-left: 40px;"><b>(b) Complete an individual medication log that contains all of the following information:</b></p> <p style="padding-left: 80px;"><b>(v) The initials of the person who administered the medication, which shall be entered at the time the medication is given.</b></p>

Review of Resident C's medication administration record revealed Resident C was prescribed Acetaminophen 650mg Tab with instructions to administer one tablet by mouth two times a day. The MAR revealed the staff member did not initial that this medication was administered on 05/10/2023 at 0500 and on 05/26/2023 at 8:00pm.	
<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 current weekly menu was not posted.	

#### IV. RECOMMENDATION

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

*Kimberly Host*

05/31/2023

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Licensing Consultant

\_\_\_\_\_  
Date