



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

ORLENE HAWKS
DIRECTOR

June 27, 2023

James Salamon
Blueberry Hill Assisted Living Inc.
PO Box 480762
Los Angeles, CA 90048

RE: License #: AH800398973
Blueberry Hill Assisted Living
99 Walker Street
Lawton, MI 49065

Dear Mr. Salamon:

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 licensee or licensee designee or home for the aged authorized representative and a date.

Upon receipt of an acceptable corrective action plan and paid license renewal fee, 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 I am not available, and you need to speak to someone immediately, please feel free to contact the local office at (616) 356-0100.

Sincerely,

Julie Viviano, Licensing Staff
Bureau of Community and Health Systems
Unit 13, 7th Floor
350 Ottawa, N.W.
Grand Rapids, MI 49503

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

I. IDENTIFYING INFORMATION

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| License #: | AH800398973 |
| Licensee Name: | Blueberry Hill Assisted Living Inc. |
| Licensee Address: | 99 Walker Street Lawton, MI 49065 |
| Licensee Telephone #: | (323) 620-4968 |
| Authorized Representative: | James Salamon |
| Administrator/Licensee Designee: | Dana De Witt |
| Name of Facility: | Blueberry Hill Assisted Living |
| Facility Address: | 99 Walker Street Lawton, MI 49065 |
| Facility Telephone #: | (269) 299-6007 |
| Original Issuance Date: | 01/24/2023 |
| Capacity: | 66 |
| Program Type: | AGED |

II. METHODS OF INSPECTION

Date of On-site Inspection(s): 6/26/2023

Date of Bureau of Fire Services Inspection if applicable: BFS – A; expired 5/25/2023

Inspection Type: Interview and Observation Worksheet
 Combination

Date of Exit Conference: 6/26/2023

No. of staff interviewed and/or observed 3

No. of residents interviewed and/or observed 1

No. of others interviewed 0 Role N/A

- 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. The home does not keep resident funds in trust.
- Meal preparation / service observed? Yes No If no, explain.
- Fire drills reviewed? Yes No If no, explain.
Reviewed disaster plans along with interviewed staff on policies and procedures.
- 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: N/A
- Number of excluded employees followed up? 0 N/A

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

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

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| R 325.1922 | Admission and retention of residents. |
| | (1) A home shall have a written resident admission contract, program statement, admission and discharge policy and a resident's service plan for each resident. |
| ANALYSIS: | Review of Resident A's record revealed no evidence of a signed admission contract, program statement, admission and discharge policy or service plan. |
| CONCLUSION: | VIOLATION ESTABLISHED |

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| R 325.1922 | Admission and retention of residents. |
| | (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. |
| ANALYSIS: | Review of Resident A's record revealed no evidence of a tuberculosis screening performed within the 12 months prior to admission. |
| CONCLUSION: | VIOLATION ESTABLISHED |

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| 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. |

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| ANALYSIS: | Review of four staff records revealed no evidence of a tuberculosis screening performed within 10 days of hire and before occupational exposure. |
| CONCLUSION: | VIOLATION ESTABLISHED |

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| R 325.1931 | Employees; general provisions. |
| | <p>(6) The home shall establish and implement a staff training program based on the home's program statement, the residents service plans, and the needs of employees, such as any of the following:</p> <ul style="list-style-type: none"> (a) Reporting requirements and documentation. (b) First aid and/or medication, if any. (c) Personal care. (d) Resident rights and responsibilities. (e) Safety and fire prevention. (f) Containment of infectious disease and standard precautions. (g) Medication administration, if applicable. |
| ANALYSIS: | Review of four staff records revealed no evidence of a staff training program based on the home's program statement, the residents service plans, and the needs of employees. |
| CONCLUSION: | VIOLATION ESTABLISHED |

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| R 325.1981 | Disaster plans. |
| | <p>(1) A home shall have a written plan and procedure to be followed in case of fire, explosion, loss of heat, loss of power, loss of water, or other emergency.</p> <p>(2) A disaster plan shall be available to all employees working in the home.</p> <p>(3) Personnel shall be trained to perform assigned tasks in accordance with the disaster plan.</p> |
| ANALYSIS: | Review of policies and interviews with employees revealed no disaster plans were available to all employees working in the |

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| | home; and no evidence personnel were trained to performed assigned tasks in accordance with the disaster plan. |
| CONCLUSION: | VIOLATION ESTABLISHED |

IV. RECOMMENDATION

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

6/27/2023

Date

Licensing Consultant