



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

ORLENE HAWKS
DIRECTOR

June 21, 2023

Jason Muriithi
Oasis Care Services LLC
3749 Ivy Drive
Grand Rapids, MI 49525

RE: License #: AS410321061
Ivy Home
3749 Ivy Drive
Grand Rapids, MI 49525

Dear Mr. Muriithi:

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 plan, a regular license will be issued. If you fail to submit an acceptable corrective action plan, disciplinary action will result.

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 (616) 356-0183.

Sincerely,

A handwritten signature in grey ink, appearing to read "Toya Zylstra". The signature is fluid and cursive, with a long horizontal flourish extending to the right.

Toya Zylstra, Licensing Consultant
Bureau of Community and Health Systems
Unit 13, 7th Floor
350 Ottawa, N.W.
Grand Rapids, MI 49503
(616) 333-9702

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

I. IDENTIFYING INFORMATION

License #: AS410321061

Licensee Name: Oasis Care Services LLC

Licensee Address: 3749 Ivy Drive
Grand Rapids, MI 49525

Licensee Telephone #: (616) 550-3982

Licensee/Licensee Designee: Jason Muriithi, Designee

Administrator: Jason Muriithi

Name of Facility: Ivy Home

Facility Address: 3749 Ivy Drive
Grand Rapids, MI 49525

Facility Telephone #: (616) 550-3982

Original Issuance Date: 12/06/2013

Capacity: 6

Program Type: DEVELOPMENTALLY DISABLED
MENTALLY ILL
AGED

II. METHODS OF INSPECTION

Date of On-site Inspection(s): 06/14/2023
Date of Bureau of Fire Services Inspection if applicable: 06/14/2023
Date of Health Authority Inspection if applicable: 06/14/2023
No. of staff interviewed and/or observed 1
No. of residents interviewed and/or observed 4
No. of others interviewed N/A Role: [redacted]

- Medication pass / simulated pass observed? Yes No If no, explain. Medications passed prior to inspection.
- 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 determined to be in substantial compliance with rules and requirements. *Exit Conference completed onsite with Licensee Designee.*

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

R 400.14301 Resident admission criteria; resident assessment plan; emergency admission; resident care agreement; physician's instructions; health care appraisal.

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

Finding: During the onsite inspection it was discovered that Resident A's Health Care Appraisal was not completed annually.

Exit Conference: Licensee Designee stated he agreed Resident A's Health Care Appraisal was not completed annually and would submit an acceptable Corrective Action Plan.

R 400.14312 Resident medications.

(1) Prescription medication, including dietary supplements, or individual special medical procedures shall be given, taken, or applied only as prescribed by a licensed physician or dentist. Prescription medication shall be kept in the original pharmacy-supplied container, which shall be labeled for the specified resident in accordance with the requirements of Act No. 368 of the Public Acts of 1978, as amended, being {333.1101 et seq. of the Michigan Compiled Laws, kept with the equipment to administer it in a locked cabinet or drawer, and refrigerated if required.

Finding: During the onsite inspection it was discovered that the Medication Administration Records indicated Resident

B did not receive his prescribed Amlodipine 10 MG, Clozapine 20 MG, Melatonin 5 MG, and Vitamin D3 on 06/03/2023 and 06/04/2023.

Exit Conference: Licensee Designee stated Resident B did receive all of his prescribed medications on 06/03/2023 and 06/04/2023 however he forgot to initial the Medication Administration Record.

R 400.14318

Emergency preparedness; evacuation plan; emergency transportation.

(5) A licensee shall practice emergency and evacuation procedures during daytime, evening, and sleeping hours at least once per quarter. A record of the practices shall be maintained and be available for department review.

Finding: During the onsite inspection it was discovered that fire drills were not completed February, March, April, and May of 2023.

Exit Conference: Licensee Designee stated fire drills were completed on February, March, April, and May of 2023, but document verification could not be located.

IV. RECOMMENDATION

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



06/21/2023

Toya Zylstra
Licensing Consultant

Date