



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

ORLENE HAWKS  
DIRECTOR

June 8, 2023

Ginger Nahikian  
3405 E. Midland Rd.  
Bay City, MI 48706

RE: License #:	AS090309821 Niche Aging Center 3405 E. Midland Rd. Bay City, MI 48706
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Dear Ms. Nahikian:

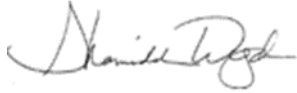
Attached is the Renewal Licensing Study Report for the facility referenced above. The violations cited in the report require the submission of a written corrective action plan. The corrective action plan is due 15 days from the date of this letter and must include the following:

- 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 (517) 643-7960.

Sincerely,

A handwritten signature in cursive script, appearing to read "Shamidah Wyden".

Shamidah Wyden, Licensing Consultant  
Bureau of Community and Health Systems  
411 Genesee  
P.O. Box 5070  
Saginaw, MI 48607  
989-395-6853

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

**I. IDENTIFYING INFORMATION**

<b>License #:</b>	AS090309821
<b>Licensee Name:</b>	Ginger Nahikian
<b>Licensee Address:</b>	3405 E. Midland Rd. Bay City, MI 48706
<b>Licensee Telephone #:</b>	(989) 737-2355
<b>Licensee Designee:</b>	Ginger Nahikian
<b>Administrator:</b>	Ginger Nahikian
<b>Name of Facility:</b>	Niche Aging Center
<b>Facility Address:</b>	3405 E. Midland Rd. Bay City, MI 48706
<b>Facility Telephone #:</b>	(989) 684-2273
<b>Original Issuance Date:</b>	11/09/2010
<b>Capacity:</b>	6
<b>Program Type:</b>	PHYSICALLY HANDICAPPED DEVELOPMENTALLY DISABLED MENTALLY ILL AGED ALZHEIMERS

## II. METHODS OF INSPECTION

Date of On-site Inspection(s): 06/01/2023

Date of Bureau of Fire Services Inspection if applicable: N/A

Date of Health Authority Inspection if applicable: N/A

No. of staff interviewed and/or observed 2

No. of residents interviewed and/or observed 6

No. of others interviewed 1 Role: Licensee Designee

- 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.  
There were no recent incident reports requiring follow-up.
- Corrective action plan compliance verified? Yes  CAP date/s and rule/s:  
6/16/2021 R205(4), R318(5), R312(4)(c), R402(3), R407(1) N/A
- Number of excluded employees followed-up? N/A
- Variances? Yes  (please explain) No  N/A

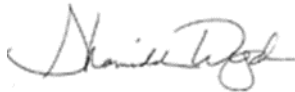
### III. DESCRIPTION OF FINDINGS & CONCLUSIONS

This facility was found to be in non-compliance with the following rules:	
<b>R 400.14203</b>	<b>Licensee and administrator training requirements.</b>
	<b>(1) A licensee and an administrator shall complete the following educational requirements specified in subdivision (a) or (b) of this subrule, or a combination thereof, on an annual basis:</b> <b>(a) Participate in, and successfully complete, 16 hours of training designated or approved by the department that is relevant to the licensee's admission policy and program statement.</b>
At the time of inspection, the licensee designee submitted less than 16 annual training hours for the past two years.	
<b>R 400.14204</b>	<b>Direct care staff; qualifications and training.</b>
	<b>(3) A licensee or administrator shall provide in-service training or make training available through other sources to direct care staff. Direct care staff shall be competent before performing assigned tasks, which shall include being competent in all of the following areas:</b> <b>(b) First aid.</b>
At the time of inspection, there was no first aid verification on file for staff Ethan Martin and Staff Elijah Budry.	
<b>R 400.14205</b>	<b>Health of a licensee, direct care staff, administrator, other employees, those volunteers under the direction of the licensee, and members of the household.</b>
	<b>(6) A licensee shall annually review the health status of the administrator, direct care staff, other employees, and members of the household. Verification of annual reviews shall be maintained by the home and shall be available for department review.</b>
At the time of inspection, there was no up to date annual health review on file for staff Ethan Martin for the year 2023.	
<b>R 400.14312</b>	<b>Resident medications.</b>
	<b>(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:</b>

	<p><b>(b) Complete an individual medication log that contains all of the following information:</b></p> <p><b>(v) The initials of the person who administers the medication, which shall be entered at the time the medication is given.</b></p>
<p>At the time of inspection, there were missing staff initials for two of Resident A's 7:00 am medications on 05/29/2023 and 05/30/2023.</p>	
<b>R 400.14318</b>	<b>Emergency preparedness; evacuation plan; emergency transportation.</b>
	<p><b>(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.</b></p>
<p>At the time of inspection, there was no documentation submitted verifying that fire drills were conducted in the third quarter of 2021 through the third quarter of 2022. In total, there were five quarters where no sleeping hour drills were recorded.</p> <p><b>REPEAT VIOLATION ESTABLISHED LSR DATE: 06/15/2021 CAP DATE: 06/16/2021</b></p>	

#### IV. RECOMMENDATION

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



06/08/2023

Shamidah Wyden  
Licensing Consultant

Date