



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
ACTING DIRECTOR

October 2, 2023

Debra Krajewski
SouthWest AFC, L.L.C.
#296
6026 Kalamazoo Ave., SE
Kentwood, MI 49508

RE: License #: AM410285333
SouthWest AFC
212 56th St. SW
Wyoming, MI 49548

Dear Ms. Krajewski:

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 cursive script, appearing to read "Toya Zylstra".

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 #: AM410285333

Licensee Name: SouthWest AFC, L.L.C.

Licensee Address: #296
6026 Kalamazoo Ave., SE
Kentwood, MI 49508

Licensee Telephone #: (616) 698-6681

Licensee/Licensee Designee: Debra Krajewski, Designee

Administrator: Debra Krajewski

Name of Facility: SouthWest AFC

Facility Address: 212 56th St. SW
Wyoming, MI 49548

Facility Telephone #: (616) 534-5870

Original Issuance Date: 05/01/2007

Capacity: 12

Program Type: DEVELOPMENTALLY DISABLED
MENTALLY ILL
AGED

II. METHODS OF INSPECTION

Date of On-site Inspection(s): 09/29/2023
Date of Bureau of Fire Services Inspection if applicable: 10/11/2022
Date of Health Authority Inspection if applicable: 09/29/2023
No. of staff interviewed and/or observed 2
No. of residents interviewed and/or observed 10
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. Meal prepared prior to inspection.
- 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. N/A
- 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.

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

R 400.14312 Resident medications.

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 09/29/2023 renewal inspection, I observed that the facility Medication Administration Records indicated that Resident A is prescribed Lidocaine PAD Patch 1 x daily every morning and every 12 hours. I observed that the facility did not have Resident A's Lidocaine patch in stock and the Medication Administration Record indicated Resident A was provided said Lidocaine Patch 09/29/2023. I observed that Resident A did not have said Lidocaine Patch on. Staff Joyce Smith acknowledged that she initialed Resident A's Medications Administration Record and documented the 09/29/2023 administration even though Ms. Smith did not actually administer said Lidocaine Patch. Ms. Smith stated that the medication had been discontinued by Resident A's physician although the facility did not have said physician's order documented in the Medication Administration Record.

Exit Conference Onsite (09/29/2023): Licensee Designee Debra Krajewski stated that the incident was a mistake on the part of staff Joyce Smith and a Corrective Action Plan would be submitted timely.

IV. RECOMMENDATION

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



10/02/2023

Toya Zylstra
Licensing Consultant

Date