



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
ACTING DIRECTOR

September 19, 2023

Sara Dickendesher
Gaslight Village Assisted Living, LLC
Suite 200, 3196 Kraft Avenue
Grand Rapids, MI 49512

RE: License #: AH460361737
Investigation #: 2023A0585086
Gaslight Village Assisted

Dear Licensee:

Attached is the Special Investigation Report for the above referenced facility. Due to the violations identified in the report, a written corrective action plan is required. 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 time frames 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 responsible party and a date.

If you desire technical assistance in addressing these issues, please feel free to contact me. In any event, the corrective action plan is due within 15 days. Failure to submit an acceptable corrective action plan will result in disciplinary action. 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 contact the local office at (517) 284-9730.

Sincerely,

A handwritten signature in cursive script that reads "Brender Howard".

Brender Howard, Licensing Staff
Bureau of Community and Health Systems
611 W. Ottawa Street, P.O. Box 30664
Lansing, MI 48909
(313) 268-1788
enclosure

**MICHIGAN DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
BUREAU OF COMMUNITY AND HEALTH SYSTEMS
SPECIAL INVESTIGATION REPORT**

I. IDENTIFYING INFORMATION

License #:	AH460361737
Investigation #:	2023A0585086
Complaint Receipt Date:	08/30/2023
Investigation Initiation Date:	08/31/2023
Report Due Date:	10/29/2023
Licensee Name:	Gaslight Village Assisted Living, LLC
Licensee Address:	Suite 200 3196 Kraft Avenue Grand Rapids, MI 49512
Licensee Telephone #:	(616) 464-1564
Administrator:	Crystal Smith
Authorized Representative:	Sara Dickendesher
Name of Facility:	Gaslight Village Assisted
Facility Address:	2625 N. Adrian Highway Adrian, MI 49221
Facility Telephone #:	(517) 264-2284
Original Issuance Date:	09/08/2015
License Status:	REGULAR
Effective Date:	11/22/2022
Expiration Date:	11/21/2023
Capacity:	51
Program Type:	ALZHEIMERS AGED

II. ALLEGATION(S)

	Violation Established?
Resident A did not get her breathing treatments.	Yes
Additional Findings	No

III. METHODOLOGY

08/30/2023	Special Investigation Intake 2023A0585086
08/31/2023	Special Investigation Initiated - Telephone Contacted the complainant to discuss allegations.
08/31/2023	APS Referral A referral was made to Adult Protective Services (APS).
09/06/2023	Contact - Document Sent Email sent to administrator to request documents.
09/08/2023	Contact - Document Received Requested Documents received from administrator.

ALLEGATION:

Resident A did not get her breathing treatments.

INVESTIGATION:

On 8/30/2023, the department received the allegations via the BCHS Online Complaint website. The complainant alleged that Resident A returned to the facility on 8/10/2023 and during that time medication was approved and delivered on 8/11/2023. The complainant alleged that the doctor orders is to receive breathing treatments three to five times daily and to date, no treatment had been administered.

On 8/31/2023, a referral was made to Adult Protective Services (APS).

On 8/31/2023, I interviewed the complainant by telephone. The complainant stated that Resident A was returned from rehab on 8/10/2023 and the treatment was not administered at that time. The complainant stated that the treatment was finally started on Sunday, 8/13/2023.

On 9/6/2023, I emailed the administrator to request documents.

On 9/14/2023, I interviewed administrator Crystal Smith by telephone. Ms. Smith stated that when Resident A was admitted to the facility from rehab, the medication order was not assigned, and they had to contact the pharmacy. She stated that the medication order was delivered that night and was given the next day. She stated that medication was given as prescribed. Ms. Smith sent me a copy of Resident A's medication administration record (MAR) and orders upon request.

On 9/14/2023, I interviewed Employee #1 by telephone. Employee #1 stated that Resident A's medication was delivered. She stated that when Resident A was discharged from rehab to the facility he came with new orders. Employee #1 stated that the new orders were not signed. She stated while they waited on the signature of the orders, they submitted it to the pharmacy. She stated that the doctor signed it, but it took two days before it showed up on the MAR. She stated that it was given to the Resident as soon as it came up on the MAR.

The requested documents were reviewed. The MAR revealed that Resident A was given medication as prescribed. The orders showed that it was signed by the doctor on 8/10/2023.

APPLICABLE RULE	
R 325.1932	Resident medications.
	(2) Prescribed medication managed by the home shall be given, taken, or applied pursuant to labeling instructions, orders and by the prescribing licensed health care professional.
ANALYSIS:	The complaint alleged that Resident A had physician order for medication on 8/10/2023 but did not receive the medication as ordered. According to Resident A' order reviewed; Resident A's order was signed by the physician on 8/10/2023 but was not administered until 8/12/2023. Therefore, the facility did not comply with this rule.
CONCLUSION:	VIOLATION ESTABLISHED

IV. RECOMMENDATION

Contingent upon receipt of an acceptable corrective action plan, it is recommended that the status of the license remains unchanged.

Brender d. Howard

09/19/2023

Brender Howard
Licensing Staff

Date

Approved By:

Andrea L. Moore

09/19/2023

Andrea L. Moore, Manager
Long-Term-Care State Licensing Section

Date