



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
ACTING DIRECTOR

September 1, 2023

Melissa Hinkson
Besser Senior Living Community
325 Johnson Street
Alpena, MI 49707

RE: License #: AH040394376
Besser Senior Living Community
325 Johnson Street
Alpena, MI 49707

Dear Melissa Hinkson:

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, a regular license will be issued. Please review the enclosed documentation for accuracy and contact me with any questions. If I am not available, and you need to speak to someone immediately, please feel free to contact the local office at (517) 284-9730.

Sincerely,

A handwritten signature in cursive script that reads "Aaron Clum".

Aaron Clum, Licensing Staff
Bureau of Community and Health Systems
611 W. Ottawa Street
P.O. Box 30664
Lansing, MI 48909
(517) 230-2778

enclosure

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

I. IDENTIFYING INFORMATION

License #:	AH040394376
Licensee Name:	Besser Senior Living Community Inc.
Licensee Address:	325 Johnson Street Alpena, MI 49707
Licensee Telephone #:	(906) 586-3019
Administrator/Authorized Representative:	Melissa Hinkson
Name of Facility:	Besser Senior Living Community
Facility Address:	325 Johnson Street Alpena, MI 49707
Facility Telephone #:	(906) 440-6118
Original Issuance Date:	02/20/2020
Capacity:	52
Program Type:	AGED ALZHEIMERS

II. METHODS OF INSPECTION

Date of On-site Inspection(s): 8/31/2023

Date of Bureau of Fire Services Inspection if applicable: 3/09/2023

Inspection Type: Interview and Observation Worksheet
 Combination

Date of Exit Conference: 8/31/2023

No. of staff interviewed and/or observed 8
No. of residents interviewed and/or observed 30
No. of others interviewed N/A Role

- 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. Facility does not maintain resident funds
- Meal preparation / service observed? Yes No If no, explain.
- Fire drills reviewed? Yes No If no, explain.
- 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? N/A

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

<p>This facility was found to be in non-compliance with the following rules:</p>	
<p>R 325.1913</p>	<p>Licenses and permits; general provisions.</p>
	<p>(2) The applicant or the authorized representative shall give written notice to the department within 5 business days of any changes in information as submitted in the application pursuant to which a license, provisional license, or temporary nonrenewable permit has been issued.</p>
<p>On 9/01/2023, I interviewed Annabelle Cosbitt at the facility. Ms. Cosbitt stated she has been working at the facility as the appointed administrator since 7/05/2023. Review of the facility licensing file and department records revealed that as of the date of the onsite inspection, 9/01/2023, the department had not been notified of this change.</p>	
<p>R 325.1922</p>	<p>Admission and retention of residents.</p>
	<p>(7) An individual admitted to residence in the home shall have evidence of tuberculosis screening on record in the home which consists of an intradermal skin test, chest x-ray, or other methods recommended by the local health authority 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. The screening type and frequency of routine tuberculosis (TB) testing shall be determined by a risk assessment as described in the 2005 MMWR "Guidelines for Preventing the Transmission of Mycobacterium tuberculosis in Health-Care Settings, 2005" (http://www.cdc.gov/mmwr/pdf/rr/rr5417.pdf), Appendices B and C, and any subsequent guidelines as published by the centers for disease control and prevention. A home, and each location or venue of care, if a home provides care at multiple locations, shall complete a risk assessment annually. Homes that are low risk do not have to conduct annual TB testing for residents.</p>
<p>Upon request, Ms. Cosbitt was unable to provide evidence of Resident A's initial TB screening. Additionally, upon request Ms. Cosbitt was unable to provide a TB risk assessment pertaining to residents in the community.</p>	
<p>R 325.1923</p>	<p>Employee's health.</p>
	<p>(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. The screening type and frequency of routine</p>

	<p>tuberculosis (TB) testing shall be determined by a risk assessment as described in the 2005 MMWR Guidelines for Preventing the Transmission of Mycobacterium tuberculosis in Health-Care Settings, 2005 (http://www.cdc.gov/mmwr/pdf/rr/rr5417.pdf), Appendices B and C, and any subsequent guidelines as published by the centers for disease control and prevention. Each home, and each location or venue of care, if a home provides care at multiple locations, shall complete a risk assessment annually. Homes that are low risk do not need to conduct annual TB testing for employees.</p>
	<p>Review of Associate 1's initial TB screening documentation revealed her test results were confirmed on 7/21/2023. Review of the facilities "as worked schedule" for July, 2023 revealed Associate 1's first day of occupational exposure to residents was on 7/19/2023 which was also confirmed by Ms. Cosbitt. Additionally, upon request Ms. Cosbitt was unable to provide a TB risk assessment pertaining to staff in the community.</p>
R 325.1931	Employees; general provisions.
	<p>(3) The home shall designate 1 person on each shift to be supervisor of resident care during that shift. The supervisor of resident care shall be fully dressed, awake, and on the premises when on duty.</p>
	<p>When interviewed, Ms. Cosbitt stated that while she is personally always available on-call to third shift staff at the facility, supervisors are not scheduled to work on-site during third shift hours.</p>
R 325.1944	Employee records and work schedules.
	<p>(1) A home shall maintain a record for each employee which shall include all of the following: (g) Results of annual tuberculosis screening as required by R 325.1923(2).</p>
	<p>Upon request, Ms. Cosbitt was unable to provide initial TB screening test results for Associate 2.</p>

IV. RECOMMENDATION

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

Daron L. Clum

9/01/2023

Date

Licensing Consultant