



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

MARLON I. BROWN, DPA  
ACTING DIRECTOR

September 26, 2023

Christina Cotton  
Sojourner Aid OPCO, LLC  
5364 Greenmeadow  
Kalamazoo, MI 49009

RE: License #: AH390378211  
LakeHouse Kalamazoo  
5364 Greenmeadow  
Kalamazoo, MI 49009

Dear Christina Cotton:

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. If you fail to submit an acceptable corrective action plan, disciplinary action will result. Please review the enclosed documentation for accuracy and contact me with any questions. In the event I am not available, and you need to speak to someone immediately, please feel free to contact the local office at (616) 356-0100.

Sincerely,

A handwritten signature in cursive script, appearing to read "Julie Viviano".

Julie Viviano, Licensing Staff  
Bureau of Community and Health Systems  
Unit 13, 7th Floor  
350 Ottawa, N.W.  
Grand Rapids, MI 49503

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

**I. IDENTIFYING INFORMATION**

|   |   |
|---|---|
| <b>License #:</b>                       | AH390378211                                     |
| <b>Licensee Name:</b>                   | Sojourner Aid OPCO, LLC                         |
| <b>Licensee Address:</b>                | Ste. 3700<br>330 N. Wabash<br>Chicago, IL 60611 |
| <b>Licensee Telephone #:</b>            | (312) 725-7000                                  |
| <b>Authorized Representative:</b>       | Christina Cotton                                |
| <b>Administrator/Licensee Designee:</b> | Richard Winslow                                 |
| <b>Name of Facility:</b>                | LakeHouse Kalamazoo                             |
| <b>Facility Address:</b>                | 5364 Greenmeadow<br>Kalamazoo, MI 49009         |
| <b>Facility Telephone #:</b>            | (269) 353-0416                                  |
| <b>Original Issuance Date:</b>          | 04/24/2017                                      |
| <b>Capacity:</b>                        | 61  |
| <b>Program Type:</b>                    | AGED  |

## II. METHODS OF INSPECTION

Date of On-site Inspection(s): 09/25/2023

Date of Bureau of Fire Services Inspection if applicable: BFS – C; 11/9/2022

Inspection Type:  Interview and Observation  Worksheet  
 Combination

Date of Exit Conference: 9/25/2023

No. of staff interviewed and/or observed 8  
No. of residents interviewed and/or observed 15  
No. of others interviewed 0 Role N/A

- 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. The home does not keep resident funds in trust.
- Meal preparation / service observed? Yes  No  If no, explain.
- Fire drills reviewed? Yes  No  If no, explain.  
Reviewed disaster plans along with interviewed staff on policies and procedures.
- 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? 0 N/A

### III. DESCRIPTION OF FINDINGS & CONCLUSIONS

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

|                    |   |
|--------------------|---|
| <b>R 325.1923</b>  | <b>Employee's health.</b>   |
|                    | <b>(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.</b> |
| <b>ANALYSIS:</b>   | Review of employee files revealed Employee A did not have a tuberculosis screening on file or within the 10 days of hire and before occupational exposure.                            |
| <b>CONCLUSION:</b> | <b>VIOLATION ESTABLISHED</b>  |

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| <b>R 325.1932</b> | <b>Resident medications.</b>   |
|                   | <b>(3) If a home or the home's administrator or direct care staff member supervises the taking of medication by a resident, then the home shall comply with all of the following provisions:</b><br><b>(a) Be trained in the proper handling and administration of medication.</b><br><b>(b) Complete an individual medication log that contains all of the following information:</b><br><b>(i) The medication.</b><br><b>(ii) The dosage.</b><br><b>(iii) Label instructions for use.</b><br><b>(iv) Time to be administered.</b><br><b>(v) The initials of the person who administered the medication, which shall be entered at the time the medication is given.</b><br><b>(vi) A resident's refusal to accept prescribed medication or procedures.</b> |
| <b>ANALYSIS:</b>  | Review of resident medication administration records (MAR) revealed missing documentation and/or blank records for Resident A and Resident B. It cannot be determined if either resident was administered medication as prescribed, if either  |

resident refused medication(s), or if medication(s) were administered in a timely manner.

The following is out compliance for Resident A's MAR:

- On 8/24/23, the record is blank for Calmoseptine Ointment which was to be applied two times a day. There is no documentation as to why it was not administered.
- On 8/24/2023 at 08:00pm, the record is blank for Acetaminophen Tab 325mg, in which 2 tablets were to be administered by mouth every 8 hours. There is no documentation as to why it was not administered.
- On 8/16/23, 8/20/23, 8/23/23, 8/24/23, 8/25/23, 8/29/23, and 8/30/23, the record is blank for Vigamox Opth Soln 0.5% in which 1 drop in the right eye was to be administered three times a day. There is no documentation as to why it was not administered.
- On 8/16/23 and 8/24/23, the record is blank for the evening administration of Pantoprazole 40mg Tab in which 1 tablet was to be administered by mouth twice daily. There is no documentation as to why it was not administered.

The following is out compliance for Resident B's MAR:

- On 8/16/23 and 8/24/23, the record is blank for the evening administration of Acetaminophen Tab 500mg, in which 2 tabs were to be administered by mouth three times a day for pain. There is no documentation as to why it was not administered.
- On 8/16/23 and 8/24/23, the record is blank for the evening administration of Gabapentin Tab 600mg in which 2 tablets were to be administered by mouth three times a day for neuropathy. There is no documentation as to why it was not administered. Also, the narcotic record does not match the paper MAR for this medication. The narcotic record shows the medication being administered as prescribed on 8/16/23 and 8/24/23. However, there is a discrepancy between the paper MAR and the narcotic record for this medication and it cannot be determined if the medication was actually administered to Resident B.
- On 8/23/23 and 8/24/23, the record is blank for the evening administration of Methadone Conc 10mg/ml 0.25 ml (2.5mg) in which it was to be administered sublingually two times a day for pain. There is no documentation as to why it was not administered.

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|                    | <ul style="list-style-type: none"> <li>On 8/24/23, the record is blank for the evening administration of Omeprazole CAP 20mg in which 2 capsules were to be administered by mouth two times a day for gastric reflux. There is no documentation as to why it was not administered.</li> <li>On 8/24/23, the record is blank for the evening administration of Venlafaxine Tab 37.5mg in which 1 tablet was to be administered by mouth two times a day for depression. There is no documentation as to why it was not administered.</li> <li>On 8/23/23 at 6:00am, the narcotic record for Oxycodone IR Tab 5mg was not signed by administering staff. The narcotic record shows 2 tablets were administered at 6:00am on 8/23/23, but it does not show who administered the medication to Resident B.</li> </ul> |
| <b>CONCLUSION:</b> | <b>VIOLATION ESTABLISHED</b>  |

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| <b>R 325.1944</b>  | <b>Employee records and work schedules.</b>  |
|                    | <p><b>(1) A home shall maintain a record for each employee which shall include all of the following:</b></p> <p><b>(i) Criminal background information, consistent with MCL 333.20173.</b></p> |
| <b>ANALYSIS:</b>   | Review of Employee A's file revealed the employee did not have a State of Michigan criminal background check that was consistent with MCL 333.20173.   |
| <b>CONCLUSION:</b> | <b>VIOLATION ESTABLISHED</b>   |

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| <b>R 325.1954</b> | <b>Meal and food records.</b>   |
|                   | <b>The home shall maintain a record of the meal census, to include residents, personnel, and visitors, and a record of the kind and amount of food used for the preceding 3-month period.</b> |
| <b>ANALYSIS:</b>  | Review of meal and food records revealed no record of the preceding 3-month period of the amount of food used for the meal census.  |

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| <b>CONCLUSION:</b> | <b>VIOLATION ESTABLISHED</b> |

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| <b>R 325.1970</b>  | <b>Water supply systems.</b>  |
|                    | <b>(7) The temperature of hot water at plumbing fixtures used by residents shall be regulated to provide tempered water at a range of 105 to 120 degrees Fahrenheit.</b>  |
| <b>ANALYSIS:</b>   | Review of facility water temperature records revealed the records were undated and it could not be determined when the temperatures were recorded. Also, the hot water temperatures recorded for resident rooms ranged from 99-degrees Fahrenheit to 120 degrees Fahrenheit, which outside of the range of regulated temperature compliance of 105 to 120 degrees Fahrenheit. |
| <b>CONCLUSION:</b> | <b>VIOLATION ESTABLISHED</b>  |

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| <b>R 325.1972</b>  | <b>Solid wastes.</b>   |
|                    | <b>All garbage and rubbish shall be kept in leakproof, nonabsorbent containers. The containers shall be kept covered with tight-fitting lids and shall be removed from the home daily and from the premises at least weekly.</b> |
| <b>ANALYSIS:</b>   | Inspection of the facility revealed garbage containers located in the kitchen, housekeeping areas, laundry area, and common areas did not have lids to prevent cross contamination.  |
| <b>CONCLUSION:</b> | <b>VIOLATION ESTABLISHED</b>   |

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| <b>R 325.1976</b> | <b>Kitchen and dietary.</b>   |
|                   | <b>(13) A multi-use utensil used in food storage, preparation, transport, or serving shall be thoroughly cleaned and sanitized after each use and shall be handled and stored in a manner which will protect it from contamination.</b> |

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| <b>ANALYSIS:</b>   | Inspection of the kitchen revealed missing and/or incomplete dish sanitization records for June 2023 to September 2023. It cannot be determined if the dish washer was thoroughly clean and sanitized after each use to protect from contamination. |
| <b>CONCLUSION:</b> | <b>VIOLATION ESTABLISHED</b>  |

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| <b>R 325.1976</b>  | <b>Kitchen and dietary.</b>   |
|                    | <b>(6) Food and drink used in the home shall be clean and wholesome and shall be manufactured, handled, stored, prepared, transported, and served so as to be safe for human consumption.</b>   |
| <b>ANALYSIS:</b>   | On-site inspection revealed multiple food items such as condiments, crackers, peanut butter, baking items, ice cream, hamburger, chicken, ham, salami, cheese, frozen French fries, salad, vegetables, and fruit etc. were found in the kitchen frozen and kitchen refrigerated areas, and in the employee lounge refrigerator. Also, Dayquil medication was found open in a food cabinet in the employee lounge. These items were not labeled with the appropriate open date, and it could not be determined if the food items were safe for human consumption. An open date must be placed on all food items in the facility once opened. |
| <b>CONCLUSION:</b> | <b>VIOLATION ESTABLISHED</b>  |

#### IV. RECOMMENDATION

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



9/26/2023



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Licensing Consultant

Date