



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

MARLON I. BROWN, DPA  
ACTING DIRECTOR

August 22, 2023

Deborah Hampton  
Church of Christ Assisted Living  
23621 15 Mile Road  
Clinton Township, MI 48035

RE: License #: AH500243182  
**Church of Christ Assisted Living**  
**23621 15 Mile Road**  
**Clinton Township, MI 48035**

Dear Ms. Hampton:

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 that 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,

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  
RENEWAL INSPECTION REPORT**

**I. IDENTIFYING INFORMATION**

<b>License #:</b>	AH500243182
<b>Licensee Name:</b>	Church of Christ Assisted Living
<b>Licensee Address:</b>	23575 15 Mile Rd. Clinton Township, MI 48035
<b>Licensee Telephone #:</b>	(586) 791-2470
<b>Authorized Representative/ Administrator:</b>	Deborah Hampton
<b>Name of Facility:</b>	Church of Christ Assisted Living
<b>Facility Address:</b>	23621 15 Mile Road Clinton Township, MI 48035
<b>Facility Telephone #:</b>	(586) 285-6230
<b>Original Issuance Date:</b>	04/26/2002
<b>Capacity:</b>	138
<b>Program Type:</b>	AGED ALZHEIMERS

## II. METHODS OF INSPECTION

Date of On-site Inspection(s): 8/22/2023

Date of Bureau of Fire Services Inspection if applicable: 11/16/2022

Inspection Type:  Interview and Observation  Worksheet  
 Combination

Date of Exit Conference: 08/22/2023

No. of staff interviewed and/or observed 9  
No. of residents interviewed and/or observed 36  
No. of others interviewed 2 Role Residents' family members

- 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.
- Meal preparation / service observed? Yes  No  If no, explain.
- Fire drills reviewed? Yes  No  If no, explain.  
Interviewed staff on the policy 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: 4/3/2023 2023A1027056 1932 (3), 1931 (2), 1932 (2)
- Number of excluded employees followed up? N/A

### III. DESCRIPTION OF FINDINGS & CONCLUSIONS

<b>The facility was found to be in non-compliance with the following rules:</b>	
<b>R 325.1921</b>	<b>Governing bodies, administrators, and supervisors.</b>
	<p><b>The owner, operator, and governing body of a home shall do all of the following:</b></p> <p><b>(b) Assure that the home maintains an organized program to provide room and board, protection, supervision, assistance, and supervised personal care for its residents</b></p>
<p>I observed that Resident A, Resident B, and Resident C had bed rails attached to their bed frame. It was a device commonly referred to as a “bed assist” that slid underneath the mattress and was held in place solely by the weight of the occupant and mattress. Inspection revealed that the distance between the slats (horizontal or vertical supports between the perimeter of the bed rails) was large enough for a hand, foot or limb to fit through and cause possible entanglement or entrapment. This device easily slid away from the device when manipulated and posed an entrapment hazard to the occupant of the bed.</p> <p>The facility had no manufacturer’s guidelines available for review to determine proper installation, ongoing maintenance and correct resident assessment and use of the bed devices.</p> <p>Service plans reviewed for Resident A, Resident B, and Resident C did not show any methods for using the devices. There was no physician order to use the devices.</p> <p>Employment records reviewed for three care staff did not include any evidence of training related to the use of mobility devices.</p> <p>In addition, there was no evidence that staff were instructed on how to assess the device was secured appropriately to the bed, maintained its integrity over time, did not pose an entrapment or entanglement risk, or allowed for an open distance between the device the resident could become entrapped or entangled within. There were no manufacturer instructions for appropriate use available for review.</p> <p>The use of bedside assistive devices without an organized plan of protection that considers physician authorization, resident assessment for competency of safe use, proper service plan development and training to ensure staff are aware of their responsibilities to ensure safe use does not reasonably comply with this rule.</p>	

<b>R 325.1964</b>	<b>Interiors.</b>
	<p><b>(9) Ventilation shall be provided throughout the facility in the following manner:</b></p> <p><b>(b) Bathing rooms, beauty shops, toilet rooms, soiled linen rooms, janitor closets, and trash holding rooms shall be provided with a minimum of 10 air changes per hour of continuously operated exhaust ventilation that provide discernable air flow into each of these rooms.</b></p>
<p>The residents' bathing/toilet facilities located in rooms B106, C104, C110, B202, B214, C216, C210, B314, C304, and janitor closet on the first floor lacked adequate and discernable air flow.</p>	
<b>R 325.1976</b>	<b>Kitchen and dietary.</b>
	<p><b>(8) A reliable thermometer shall be provided for each refrigerator and freezer.</b></p>
<p>There was no thermometer in the refrigerators or freezers located in room D104, E110, B106, C104, B214, and C304.</p>	

#### IV. RECOMMENDATION

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

*Brenden D. Howard*

8/23/2023

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Licensing Consultant

Date