



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

MARLON I. BROWN, DPA  
ACTING DIRECTOR

September 26, 2023

Vonda Willey  
Blue Water Developmental Housing, Inc.  
Bldg. 1  
1362 River Rd.  
St. Clair, MI 48079

RE: License #: AS500396887  
**Nottingham**  
**80525 Belle River Road**  
**Memphis, MI 48041**

Dear Mrs. Willey:

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 authorized representative and a date.

A six-month provisional license is recommended. If you do not contest the issuance of a provisional license, you must indicate so in writing; this may be included in your corrective action plan or in a separate document. If you contest the issuance of a provisional license, you must notify this office in writing and an administrative hearing

will be scheduled. Even if you contest the issuance of a provisional license, you must still submit an acceptable corrective action plan within 15 days.

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 (248) 975-5053.

Sincerely,

A handwritten signature in cursive script that reads "Kristine Cilluffo".

Kristine Cilluffo, Licensing Consultant  
Bureau of Community and Health Systems  
Cadillac Place  
3026 West Grand Blvd Ste 9-100  
Detroit, MI 48202  
(248) 285-1703

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

**I. IDENTIFYING INFORMATION**

<b>License #:</b>	AS500396887
<b>Licensee Name:</b>	Blue Water Developmental Housing, Inc.
<b>Licensee Address:</b>	Bldg. 1 1362 River Rd. St. Clair, MI 48079
<b>Licensee Telephone #:</b>	(810) 388-1200
<b>Licensee/Licensee Designee:</b>	Vonda Willey
<b>Administrator:</b>	Vonda Willey
<b>Name of Facility:</b>	Nottingham
<b>Facility Address:</b>	80525 Belle River Road Memphis, MI 48041
<b>Facility Telephone #:</b>	(810) 392-2524
<b>Original Issuance Date:</b>	03/12/2019
<b>Capacity:</b>	6
<b>Program Type:</b>	DEVELOPMENTALLY DISABLED

## II. METHODS OF INSPECTION

Date of On-site Inspection(s): 09/15/2023

Date of Bureau of Fire Services Inspection if applicable: N/A

Date of Environmental/Health Inspection if applicable: N/A

No. of staff interviewed and/or observed 3

No. of residents interviewed and/or observed 0

No. of others interviewed 0 Role: [REDACTED]

- Medication pass / simulated pass observed? Yes  No  If no, explain.  
Reviewed medication passing procedures with staff.
- 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.  
Inspection did not occur during a meal preparation.
- 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.
- Corrective action plan compliance verified? Yes  CAP date/s and rule/s:  
CAP date 10/15/2021- AS306(3), AS312(2), AS312(4), AS403(1), AS403(5),  
AS505(4) 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 found to be in non-compliance with the following rules:

<b>R 400.14208</b>	<b>Direct care staff and employee records.</b>
	<p><b>(1) A licensee shall maintain a record for each employee. The record shall contain all of the following employee information:</b></p> <p style="padding-left: 40px;"><b>(f) Verification of reference checks.</b></p>
<p>Staff, Erron Anderson, only had verification of one reference check in employee file.</p>	
<b>R 400.14310</b>	<b>Resident health care.</b>
	<p><b>(3) A licensee shall record the weight of a resident upon admission and monthly thereafter. Weight records shall be kept on file for 2 years.</b></p>
<p>Resident A's weight was not recorded for July 2021, August 2021, September 2021, October 2021, and November 2021.</p>	
<b>R 400.14312</b>	<b>Resident medications.</b>
	<p><b>(4) When a licensee, administrator, or direct care staff member supervises the taking of medication by a resident, he or she shall comply with all of the following provisions:</b></p> <p style="padding-left: 40px;"><b>(a) Be trained in the proper handling and administration of medication.</b></p> <p style="padding-left: 40px;"><b>(b) Complete an individual medication log that contains all of the following information:</b></p> <p style="padding-left: 80px;"><b>(v) The initials of the person who administers the medication, which shall be entered at the time the medication is given.</b></p> <p style="padding-left: 40px;"><b>(e) Not adjust or modify a resident's prescription medication without instructions from a physician or a pharmacist who has knowledge of the medical needs of the resident. A licensee shall record, in writing, any instructions regarding a resident's prescription medication.</b></p>

Resident A's August and September 2023 medication logs were missing staff initials for the following medications:

- Atorvastatin 10 mg (8PM)- 08/07, 08/12, 08/13, 08/19, 08/20, 08/24, 08/25, 08/26, 08/27
- Lorazepam 1 mg (8PM)- 08/02, 08/06, 08/12, 08/13, 08/19, 08/20, 08/24, 08/25, 08/26, 08/27, 09/05

The Nottingham home was utilizing both paper and electronic medication logs in September 2023. Resident A's paper medication log indicates he was given Atorvastatin 10 mg tablet at 8PM on 08/04/2023. The electronic medication log indicates that he was physically unable to take medication.

Resident A's August 2023 and September 2023 medication logs listed Ear Drops 6.5%, instill 5 drops into affected ear twice daily. The medication logs were never initiated by staff for ear drops. Staff indicated that ear drops were discontinued, however, the order was not available in the home.

Resident B's August 2023 medication log was missing staff initials for the following medications:

- Olanzapine 10 mg (8PM)- 08/05, 08/12, 08/13, 08/19, 08/20, 08/26, 08/27
- Clonidine HCL 0.1 mg (8PM)- 08/05, 08/12, 08/13, 08/19, 08/20, 08/26, 08/27
- Risperidone 3 mg (8 PM)- 08/05, 08/12, 08/13, 08/19, 08/20, 08/26, 08/27
- Divalproex Sod Er 500 mg (8PM)- 08/05, 08/12, 08/13, 08/19, 08/20, 08/26, 08/27
- Lorazepam 2 mg (8PM)- 08/05, 08/06, 08/12, 08/13, 08/19, 08/20, 08/26, 08/27

**REPEAT VIOLATION ESTABLISHED**  
**Reference LSR dated 10/08/2021, CAP dated 10/15/2021**

<b>R 400.14316</b>	<b>Resident records.</b>
	<p>(1) A licensee shall complete, and maintain in the home, a separate record for each resident and shall provide record information as required by the department. A resident record shall include, at a minimum, all of the following information:</p> <p>(a) Identifying information, including, at a minimum, all of the following:</p> <ul style="list-style-type: none"> <li>(i) Name.</li> <li>(ii) Social security number, date of birth, case number, and marital status.</li> </ul>

	<ul style="list-style-type: none"> <li>(iii) Former address.</li> <li>(iv) Name, address, and telephone number of the next of kin or the designated representative.</li> <li>(v) Name, address, and telephone number of the person and agency responsible for the resident's placement in the home.</li> <li>(vi) Name, address, and telephone number of the preferred physician and hospital.</li> <li>(vii) Medical insurance.</li> <li>(viii) Funeral provisions and preferences.</li> <li>(ix) Resident's religious preference information.</li> <li>(i) Resident funds and valuables record and resident refund agreement.</li> <li>(j) Resident grievances and complaints.</li> </ul>
Resident A did not have a resident information record completed.	
<b>R 400.14318</b>	<b>Emergency preparedness; evacuation plan; emergency transportation.</b>
	(5) A licensee shall practice emergency and evacuation procedures during daytime, evening, and sleeping hours at least once per quarter. A record of the practices shall be maintained and be available for department review.
Sleep time fire drills were not completed for the 1 <sup>st</sup> and 4 <sup>th</sup> quarters of 2022.	
<b>R 400.14403</b>	<b>Maintenance of premises.</b>
	(1) A home shall be constructed, arranged, and maintained to provide adequately for the health, safety, and well-being of occupants.
<p>During the onsite inspection, I observed that the paint on the back deck was chipped and peeling. Boards of deck are becoming weak near door wall.</p> <p><b>REPEAT VIOLATION ESTABLISHED</b>  <b>Reference LSR dated 10/08/2021, CAP dated 10/15/2021</b></p>	

**IV. RECOMMENDATION**

Contingent upon receipt of an acceptable corrective action plan, issuance of a provisional license is recommended.

*Kristine Cilluffo*

09/26/2023

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Kristine Cilluffo  
Licensing Consultant

Date

Approved by:

*Denise Y. Nunn*

09/26/2023

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Denise Y. Nunn  
Area Manager

Date