



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
ACTING DIRECTOR

October 25, 2023

Pamela Reese
Kauhale Otsego
700 Eley Street
Otsego, MI 49078

RE: License #: AH030413477
Kauhale Otsego
700 Eley Street
Otsego, MI 49078

Dear Pam Reese:

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,

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

License #:	AH030413477
Licensee Name:	Kauhale Otsego, LLC
Licensee Address:	72 Dorchester Square N Westerville, OH 43081
Licensee Telephone #:	(330) 289-0971
Authorized Representative/Administrator/Licensee Designee:	Pamela Reese
Name of Facility:	Kauhale Otsego
Facility Address:	700 Eley Street Otsego, MI 49078
Facility Telephone #:	(269) 694-1621
Original Issuance Date:	05/18/2023
Capacity:	56
Program Type:	AGED ALZHEIMERS

II. METHODS OF INSPECTION

Date of On-site Inspection(s): 10/23/2023

Date of Bureau of Fire Services Inspection if applicable: BFS – C; 3/16/2023

Inspection Type: Interview and Observation Worksheet
 Combination

Date of Exit Conference: 10/23/2023

No. of staff interviewed and/or observed 7
No. of residents interviewed and/or observed 31
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:

R 325.1922	Admission and retention of residents.
	(7) An individual admitted to residence in the home shall have evidence of tuberculosis screening on record in the home that was 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.
ANALYSIS:	Review of resident files revealed Resident A's and Resident B's tuberculosis screenings could not be found. Resident C's tuberculosis screening is out of compliance, as Resident C was admitted to the facility on 7/14/2017 and a tuberculosis screening was not completed until 9/25/2017. Resident tuberculosis screenings must be performed within 12 months before admission.
CONCLUSION:	VIOLATION ESTABLISHED

R 325.1923	Employee's health.
	(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.
ANALYSIS:	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. Employee A's start date was 4/10/2023 and a tuberculosis screening was not completed and/or could not found.
CONCLUSION:	VIOLATION ESTABLISHED
	(5) A home shall take reasonable precautions to ensure or assure that prescription medication is not used by a person other than the resident for whom the medication is prescribed.

ANALYSIS:	Inspection revealed facility tuberculosis tests and influenza vaccinations were found in an unsecured refrigerator in the employee lounge. The facility must take reasonable precautions to secure prescription medication, so it is not used by a person other than for whom it is prescribed for.
CONCLUSION:	VIOLATION ESTABLISHED

R 325.1944	Employee records and work schedules.
	(1) A home shall maintain a record for each employee which shall include all of the following: (i) Criminal background information, consistent with MCL 333.20173.
ANALYSIS:	Review of Employee B's and Employee C's files revealed the employees did not have a State of Michigan criminal background check documented in their files that was consistent with MCL 333.20173.
CONCLUSION:	VIOLATION ESTABLISHED

R 325.1970	Water supply systems.
	(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.
ANALYSIS:	Attempted review of facility water temperature records revealed the records for 2023 could not be found. It could not be determined if and/when the hot water plumbing temperatures were tested and/or recorded.
CONCLUSION:	VIOLATION ESTABLISHED

R 325.1972	Solid wastes.
	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.
ANALYSIS:	Inspection of the facility revealed garbage containers located in the housekeeping areas, laundry area, and common areas did not have lids to prevent cross contamination.
CONCLUSION:	VIOLATION ESTABLISHED

R 325.1976	Kitchen and dietary.
	(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.
ANALYSIS:	On-site inspection revealed multiple food items such as condiments, baking items, milk, creamer, fruit juice, ice cream, cheese, fruit preserves, pizza, salad, canned peanuts, vegetables, and fruit etc. were found in the kitchen frozen and kitchen refrigerated areas, and in the employee lounge refrigerator. 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.
CONCLUSION:	VIOLATION ESTABLISHED

R 325.1979	General maintenance and storage.
	(3) Hazardous and toxic materials shall be stored in a safe manner.
ANALYSIS:	On-site inspection revealed industrial chemicals easily accessible to anyone in the cabinet of the common area bathroom. This presents a potential risk of ingestion and harm to residents in the home with impaired cognition and function.
CONCLUSION:	VIOLATION ESTABLISHED

IV. RECOMMENDATION

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

Julie Miranda

10/25/2023

Date

Licensing Consultant