

GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS LANSING

MARLON I. BROWN, DPA ACTING DIRECTOR

December 12, 2023

Jeffrey Shepard Walnut Ridge Country Estate, LLC P.O. Box 518 Stockbridge, MI 49205

RE: License #: AL330280995

Walnut Ridge Country Estate, LLC

4077 Oakley Rd.

Stockbridge, MI 49285

Dear Mr. Shepard:

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 plan, a regular license will be issued. If you fail to submit an acceptable corrective action plan, disciplinary action will result.

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 (517) 284-9730.

Sincerely,

Jana Lipps, Licensing Consultant

Bureau of Community and Health Systems

611 W. Ottawa Street

P.O. Box 30664

Lansing, MI 48909

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

I. IDENTIFYING INFORMATION

License #: AL330280995

Licensee Name: Walnut Ridge Country Estate, LLC

Licensee Address: 4077 Oakley Rd.

Stockbridge, MI 49285

Licensee Telephone #: (517) 851-7501

Licensee/Licensee Designee: Jeffrey Shepard, Designee

Administrator: Jennifer Flores

Name of Facility: Walnut Ridge Country Estate, LLC

Facility Address: 4077 Oakley Rd.

Stockbridge, MI 49285

Facility Telephone #: (517) 851-7501

Original Issuance Date: 12/27/2007

Capacity: 20

Program Type: DEVELOPMENTALLY DISABLED

MENTALLY ILL

AGED

II. METHODS OF INSPECTION

Date	e of On-site Inspection(s):	12/11/20	023
Date of Bureau of Fire Services Inspection if applicable: 3/27/23			
Date of Environmental/Health Inspection if applicable: 8/16/23			
No.	of staff interviewed and/or observed of residents interviewed and/or observed of others interviewed 2 Role: licensee	designe	2 19 e & Admin.
•	Medication pass / simulated pass observed?	Yes 🖂	No 🗌 If no, explain.
•	Medication(s) and medication record(s) revie	wed? Y	es 🛭 No 🗌 If no, explain.
•	Resident funds and associated documents refered No leading the Inology of the No leading the Inology of the Ino	nee repo	orted no funds being held for
•	Fire safety equipment and practices observed	d? Yes	⊠ No If no, explain.
•	E-scores reviewed? (Special Certification On If no, explain. Water temperatures checked? Yes ⊠ No □	_	
•	Incident report follow-up? Yes ⊠ No ☐ If r	no, expla	iin.
•	Corrective action plan compliance verified? N/A Number of excluded employees followed-up?		CAP date/s and rule/s: N/A ⊠
•	,		
•	Variances? Yes (please explain) No	$N/A \times 1$	

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

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

R 330.1803 Facility environment; fire safety.

(6) Evacuation assessments shall be conducted within 30 days after the admission of each new client and at least annually thereafter. The specialized program shall forward a copy of each completed assessment to the responsible agency and retain a copy in the home for inspection. A home that is assessed as having an evacuation difficulty index of "impractical"

as having an evacuation difficulty index of "impractical" using appendix f of the life safety code of the national fire protection association shall have a period of 6 months from the date of the finding to do either of the following:

(a) Improve the score to at least the "slow" category.

At the time of the on-site inspection the licensee designee, Jeffrey Shepard, and Administrator, Jennifer Flores, reported that they are only completing evacuation assessments for residents who are active with Community Mental Health services. Evacuation Assessments need to be completed on every resident of the facility at least annually and when a new admission occurs.

R 400.15301

Resident admission criteria; resident assessment plan; emergency admission; resident care agreement; physician's instructions; health care appraisal.

(10) At the time of the resident's admission to the home, a licensee shall require that the resident or the resident's designated representative provide a written health care appraisal that is completed within the 90-day period before the resident's

admission to the home. A written health care appraisal shall be completed at least annually. If a written health care appraisal is not available at the time of an emergency admission, a licensee shall require that the appraisal be obtained not later than 30 days

after admission. A department health care appraisal form shall be used unless prior authorization for a substitute form has been granted, in writing, by the department.

During on-site inspection Resident A & Resident B's resident records were reviewed. Both, Resident A & Resident B, did not have current *Health Care Appraisals* in their resident records. The most current *Health Care Appraisal* found in each of these records was dated for the year 2019. *Health Care Appraisals* are required to be completed on an annual basis.

R 400.15306 Use of assistive devices.

(3) Therapeutic supports shall be authorized, in writing, by a licensed physician. The authorization shall state the reason for the therapeutic support and the term of the authorization.

During the on-site inspection I reviewed the resident records for Resident A & Resident C. Resident A's resident record did not contain a physician's order for the walker identified in his written assessment plan. Resident C's resident record did not contain a physician's order for the hospital bed with side rails noted in his written assessment plan.

R 400.15407 Bathrooms.

(3) Bathrooms shall have doors. Only positive-latching, non-lockingagainst-egress hardware may be used. Hooks and eyes, bolts, bars, and other similar devices shall not be used on bathroom doors.

During the on-site inspection I observed the bathroom nearest to the main entrance and kitchen area, did not have a door equipped with positive-latching, non-locking-against-egress hardware installed.

IV. RECOMMENDATION

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

Jana Lipps Date Licensing Consultant