

GRETCHEN WHITMER GOVERNOR STATE OF MICHIGAN DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS LANSING

MARLON I. BROWN, DPA ACTING DIRECTOR

December 4, 2023

Rebecca Carver Caring Hearts Community, LLC 3942 107th Avenue Allegan, MI 49010

> RE: License #: AS030407230 Caring Hearts Community 1212 32nd Street Allegan, MI 49010

Dear Ms. Carver:

Attached is the Renewal Licensing Study Report for the facility referenced above. You have submitted an acceptable written corrective action plan addressing the violations cited in the report. To verify your implementation and compliance with this corrective action plan:

- You are to submit documentation of compliance.
- You are to submit a Statement of Correction.
- An on-site inspection will be conducted.

The study has determined substantial compliance with applicable licensing statutes and administrative rules. Therefore, your license is renewed. It is valid only at your present address and is nontransferable.

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,

Eli DeLeon, Licensing Consultant Bureau of Community and Health Systems 611 W. Ottawa Street P.O. Box 30664 Lansing, MI 48909 (269) 251-4091

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

I. IDENTIFYING INFORMATION

License #:	AS030407230
Licensee Name:	Caring Hearts Community, LLC
Licensee Address:	3942 107th Avenue Allegan, MI 49010
Licensee Telephone #:	(269) 355-1927
Licensee/Licensee Designee:	Rebecca Carver
Administrator:	Rebecca Carver
Name of Facility:	Caring Hearts Community
Facility Address:	1212 32nd Street Allegan, MI 49010
Facility Telephone #:	(269) 355-1927
Original Issuance Date:	06/09/2021
Capacity:	6
Program Type:	PHYSICALLY HANDICAPPED AGED ALZHEIMERS

II. METHODS OF INSPECTION

Date	e of On-site Inspection(s):	11/30/2023	
Date	e of Bureau of Fire Services Inspection if applicable:	N/A	
Date	e of Health Authority Inspection if applicable:	N/A	
No.	of staff interviewed and/or observed of residents interviewed and/or observed of others interviewed 0 Role: 0	3 4	
•	Medication pass / simulated pass observed? Yes \boxtimes	No 🗌 If no, explain.	
•	Medication(s) and medication record(s) reviewed? Yes \boxtimes No \square If no, explain.		
•	 Resident funds and associated documents reviewed for at least one resident? Yes X No I If no, explain. Meal preparation / service observed? Yes X No I If no, explain. 		
•	Fire drills reviewed? Yes 🖂 No 🗌 If no, explain.		
•	Fire safety equipment and practices observed? Yes $oxtimes$ No $oxtimes$ 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, expla	in.	
•	Corrective action plan compliance verified? Yes □ 0 N/A ⊠ Number of excluded employees followed-up?	CAP date/s and rule/s: 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:

R 400.14301 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.

Resident A, Resident B, and Resident C did not have a written health care appraisal completed annually.

R 400.14301 Resident admission criteria; resident assessment plan; emergency admission; resident care agreement; physician's instructions; health care appraisal.

(4) At the time of admission, and at least annually, a written assessment plan shall be completed with the resident or the resident's designated representative, the responsible agency, if applicable, and the licensee. A licensee shall maintain a copy of the resident's written assessment plan on file in the home.

Resident A, Resident B, and Resident C did not have a written assessment plan completed annually.

R 400.14301 Resident admission criteria; resident assessment plan; emergency admission; resident care agreement; physician's instructions; health care appraisal.

(9) A licensee shall review the written resident care agreement with the resident or the resident's designated

representative and responsible agency, if applicable, at least annually or more often if necessary.

Resident A, Resident B, and Resident C did not have a written resident care agreement completed annually.

A corrective action plan was requested and approved on 11/30/2023. It is expected that the corrective action plan be implemented within the specified time frames as outlined in the approved plan. A follow-up evaluation may be made to verify compliance. Should the corrections not be implemented in the specified time, it may be necessary to reevaluate the status of your license.

Date

IV. RECOMMENDATION

An acceptable corrective action plan has been received. Renewal of the license is recommended.

12/04/2023

Eli DeLeon Licensing Consultant

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