



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
ACTING DIRECTOR

November 28, 2023

Anna Hunt
The Cottages At Martin Lake, LLC
9293 W 32nd Street
Fremont, MI 49412

RE: License #: AS620407147
The Cottages At Martin Lake II
3138 S Van Wagoner Ave
Fremont, MI 49412

Dear Ms. Hunt:

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.

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 (616) 356-0183.

Sincerely,



Rebecca Piccard, Licensing Consultant
Bureau of Community and Health Systems
Unit 13, 7th Floor
350 Ottawa, N.W.
Grand Rapids, MI 49503
(616) 446-5764

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

I. IDENTIFYING INFORMATION

License #: AS620407147

Licensee Name: The Cottages At Martin Lake, LLC

Licensee Address: 9293 W 32nd Street
Fremont, MI 49412

Licensee Telephone #: (231) 307-4567

Licensee/Licensee Designee: Anna Hunt

Administrator: Anna Hunt

Name of Facility: The Cottages At Martin Lake II

Facility Address: 3138 S Van Wagoner Ave
Fremont, MI 49412

Facility Telephone #: (231) 307-4567

Original Issuance Date: 04/28/2021

Capacity: 6

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: NA

Date of Health Authority Inspection if applicable: 6/14/23

No. of staff interviewed and/or observed 3

No. of residents interviewed and/or observed 5

No. of others interviewed [redacted] Role: [redacted]

- Medication pass / simulated pass observed? Yes No If no, explain.
- 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.
- 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:
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:

R 400.14201 **Qualifications of administrator, direct care staff, licensee, and members of the household; provision of names of employee, volunteer, or member of the household on parole or probation or convicted of felony; food service staff.**

(10) All members of the household, employees, and those volunteers who are under the direction of the licensee shall be suitable to assure the welfare of residents.

Finding: On October 23, 2023, during my review of the ten employee files, I noted that none of the files contained an eligibility letter for staff members Kate Szczesny, Mercedes Carr, Sherry DesJarden, Jan Orban, Melissa Lohman, Shaw Dykstra, Morgan Roomsburg, Olivia Landers, Stephanie Dailey, Erica Roach, and Bre Jager.

Ms. Hunt stated she “forgot the letters need to be in staff files”. She stated she will locate the letters and rectify the violation immediately.

R 400.14204 **Direct care staff; qualifications and training.**

(3) A licensee or administrator shall provide in-service training or make training available through other sources to direct care staff. Direct care staff shall be competent before performing assigned tasks, which shall include being competent in all of the following areas:

- (a) Reporting requirements.**
- (b) First aid.**
- (c) Cardiopulmonary resuscitation.**
- (d) Personal care, supervision, and protection.**
- (e) Resident rights.**
- (f) Safety and fire prevention.**
- (g) Prevention and containment of communicable diseases.**

Finding: On October 23, 2023, I reviewed the employee files for all ten current employees. There was no verification of any of the ten staff having completed any of the required trainings.

Ms. Hunt stated the staff are fully trained but acknowledged the trainings have not been documented. She informed me that she will either prepare documentation to verify the trainings that have already occurred or retrain the staff immediately.

R 400.14205

Health of a licensee, direct care staff, administrator, other employees, those volunteers under the direction of the licensee, and members of the household.

(3) A licensee shall maintain, in the home, and make available for department review, a statement that is signed by a licensed physician or his or her designee attesting to the knowledge of the physical health of direct care staff, other employees, and members of the household. The statement shall be obtained within 30 days of an individual's employment, assumption of duties, or occupancy in the home.

Finding: On October 23, 2023, during my review of the employee files, Kate Szczesny, Mercedes Carr, Erica Roach, Sherry DesJarden, Jane Orban , Olivia Landers, Melissa Lohman, Stephanie Dailey, Rylee Williams, Crystal Smedley, and Bre Jager did not have an initial statement from a physician or other medical documentation in their file.

Ms. Hunt stated since she is a nurse and she assumed she could verify her employee's well-being. I reminded her of the requirement for documentation. Ms. Hunt stated she will have staff obtain a completed medical form as soon as they can.

R 400.14205

Health of a licensee, direct care staff, administrator, other employees, those volunteers under the direction of the licensee, and members of the household.

(5) A licensee shall obtain written evidence, which shall be available for department review, that each direct care staff, other employees, and members of the household have been tested for communicable tuberculosis and that if the disease is present, appropriate precautions shall be taken as required by state law. Current testing shall be obtained before an individual's employment, assumption of duties, or occupancy in the home. The results of subsequent testing shall be verified every 3 years thereafter or more frequently if necessary.

Finding: On October 23, 2023, during my review of the employee files, I noted that there were no documented TB tests for any of the current staff.

Ms. Hunt stated all of her staff have been tested for TB, but she did not realize the test results are required to be kept in the staff files. She stated she will put the results in the files immediately.

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.

Finding: On October 23, 2023, during my review of the resident files, I noted that the written assessment plans for Resident A, B, C, D and E were more than a year old and had not updated annually as required.

Ms. Hunt stated she did not realize she is required to update resident Assessment Plans annually. I discussed with Ms. Hunt the pertinent rule and reminded her of the importance of maintaining resident files accordingly. She agreed to update the documents as soon as possible.

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.

Finding: On October 23, 2023, during my review of the resident files, I noted that the Resident Care Agreements for Residents A, B, C, D, and E were more than a year old.

Ms. Hunt stated she did not realize that Resident Care Agreements are required to be updated annually. I discussed with Ms. Hunt the rule and reminded her that she is required to maintain resident files accordingly. She agreed to update the documents as soon as possible.

R 400.14304

Resident rights; licensee responsibilities.

(1) Upon a resident's admission to the home, a licensee shall inform a resident or the resident's designated representative of, explain to the resident or the resident's designated representative, and provide to the resident or the resident's designated representative, a copy of all of the following resident rights:

(o) The right to be treated with consideration and respect, with due recognition of personal dignity, individuality, and the need for privacy.

(2) A licensee shall respect and safeguard the resident's rights specified in subrule (1) of this rule.

Finding: On October 23, 2023, during my inspection of the home, I observed a video-monitoring device in Resident A's bedroom. The camera was in a private bedroom with a monitor that is monitored by staff on the medication cart. There was no signed authorization for the use of this monitoring device by Resident A, Resident A's guardian, or a family member of Resident A, authorizing the use of the camera in Resident A's bedroom.

Ms. Hunt acknowledged that she put the camera in Resident A's bedroom. She stated it is used to monitor Resident A so staff are made aware if she were to fall or need assistance. She stated she has also used it in other rooms when other residents required additional monitoring. I advised her that she would need to obtain permission to use cameras in resident bedrooms prior to using them. Ms. Hunt stated she will immediately remove the camera and will not put it back up until she obtains a signed permission form from Resident A's family.

R 400.14310

Resident health care.

(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.

Finding: On October 23, 2023, during my review of the resident files, I discovered that all of the residents' weight charts were "blank" and did not include any recorded weights. While reviewing the Medication Administration Record, I found weight documentation, however they were not recorded monthly.

Ms. Hunt stated she did not realize that resident weights are required to be updated and recorded monthly. I discussed with Ms. Hunt the pertinent rule and reminded her of the requirement to maintain resident files accordingly. She agreed to make the change in practice immediately.

R 400.14312

Resident medications.

(1) Prescription medication, including dietary supplements, or individual special medical procedures shall be given, taken, or applied only as prescribed by a licensed physician or dentist. Prescription medication shall be kept in the original pharmacy-supplied container, which shall be labeled for the specified resident in accordance with the requirements of Act No. 368 of the Public Acts of 1978, as amended, being {333.1101 et seq. of the Michigan Compiled Laws, kept with the equipment to administer it in a locked cabinet or drawer, and refrigerated if required.

Finding: On October 23, 2023, during my onsite inspection, while reviewing the Medication Administration Record (MAR) I discovered that each resident in the home had numerous medications not marked as being passed on numerous dates and times.

I also discovered that Resident B is prescribed Acetaminophen, but there was no acetaminophen labeled for her. Instead, there is a bulk supply for the entire home from which staff are using for her. As a result, there is no way to count her medication or verify they were passed as prescribed.

I also discovered that Resident C has a prescribed cream that is being stored in Resident C's room without any oversight to its administration. Staff are indicating on the MAR that it is administered.

Ms. Hunt stated she will immediately retrain staff on passing medications and MAR documentation.

R 400.14312

Resident medications.

(2) Medication shall be given, taken, or applied pursuant to label instructions.

Finding: On October 23, 2023, while reviewing the Medication Administration Records, it was discovered that many resident prescription medication pharmacy labels did not match what was listed on the MAR for the time the medication was to be administered. Staff Erica Roach stated staff were instructed by Ms. Hunt to administer medications according to what is written on the MAR, not what is written on the medication containers.

Ms. Hunt stated she will remedy the discrepancy and ensure all medications are given according to prescription. This will be done as soon as possible.

R 400.14318

Emergency preparedness; evacuation plan; emergency transportation.

(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.

Finding: On October 23, 2023, while reviewing the fire drill records completed at the home, I discovered that there were no 3rd shift "sleeping" fire drills completed. When I asked Ms. Hunt why there were no 3rd shift drills completed, she stated that she felt making residents get out of bed is "cruel" and she "runs this home like I was taking care of my own parents and I would never make them get up while sleeping". I advised her that licensing rules require these drills be done for her to remain in compliance.

R 400.14507

Means of egress generally.

(5) A door that forms a part of a required means of egress shall be not less than 30 inches wide and shall be equipped with positive-latching, non-locking-against-egress hardware.

Finding: On October 23, 2023, during an on-site inspection I discovered the second means of egress, exiting the home off the "rec room", did not utilize a non-locking against egress lock on the door. Ms. Hunt stated she will have the door hardware replaced as soon as possible.

IV. RECOMMENDATION

Contingent upon my receipt of an acceptable corrective action plan, I recommend issuance of a provisional license for the above-cited quality-of-care and physical plant violations.


11/28/2023

Rebecca Piccard Date
Licensing Consultant

Reviewed and approved by:


11/28/23

Jerry Hendrick Date
Area Manager