



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
ACTING DIRECTOR

January 4, 2024

Drew Kersjes
CMHB Of CEI Counties
Suite 115
812 E Jolly Road
Lansing, MI 48910

RE: License #: **AS330011147**
Gilcrest Home
1410 Gilcrest
East Lansing, MI 48823

Dear Mr. Kersjes:

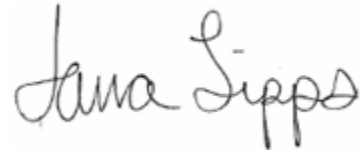
Attached is the Renewal Licensing Study Report for the facility referenced above. The violations cited in the report require the submission of a written corrective action plan. The corrective action plan is due 15 days from the date of this letter and must include the following:

- 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,

A handwritten signature in cursive script that reads "Jana Lipps". The signature is written in black ink on a white background.

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 #: AS330011147

Licensee Name: CMHB Of CEI Counties

Licensee Address: Suite 115
812 E Jolly Road
Lansing, MI 48910

Licensee Telephone #: (517) 346-8200

Licensee/Licensee Designee: Drew Kersjes, Designee

Administrator: Drew Kersjes

Name of Facility: Gilcrest Home

Facility Address: 1410 Gilcrest
East Lansing, MI 48823

Facility Telephone #: (517) 346-9596

Original Issuance Date: 11/17/1981

Capacity: 6

Program Type: PHYSICALLY HANDICAPPED
DEVELOPMENTALLY DISABLED

II. METHODS OF INSPECTION

Date of On-site Inspection(s): 12/28/2023

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 5

No. of others interviewed 1 Role: Aaron Bakken

- 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.
Inspection occurred between meal times.
- 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
Documentation of variance to rule 315.3 was provided during this on-site inspection. Licensee Designee is using an electronic funds tracking system.

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

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

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.

Direct care staff, Matthew Kay's, employee file contained a negative tuberculosis chest x-ray result dated 2009. There was not a current negative result for Mr. Kay within the past three years to review in the employee file that was provided at the time of the on-site inspection. Direct care staff, Terri Richmond's, employee file contained a copy of a tuberculosis skin test that did not have a result recorded of positive or negative. This was the only tuberculosis test result available in Ms. Richmond's file at the time of the on-site inspection. Requests were made to clarify whether additional results were available and have not been received as of 1/4/24.

R 400.14306 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.

At the time of the on-site inspection, I reviewed resident records for Resident A & Resident B. Resident A had a wheelchair listed on his *Assessment Plan for AFC Residents* form and a physician's order was not available authorizing this assistive device. Resident B's assessment plan listed a walker being used for mobility purposes. There was not a physician's order available at the time of the on-site inspection authorizing the use of this assistive device.

R 400.14315 Handling of resident funds and valuables.

(3) A licensee shall have a resident's funds and valuables transaction form completed and on file for each resident. A department form shall be used unless prior authorization for a substitute form has been granted, in writing, by the department.

At the time of the on-site inspection, I requested to review the room and board transactions, which I was told are recorded in an electronic format per existing variance, for Resident A and Resident B. This documentation has not been provided as of 1/4/24.

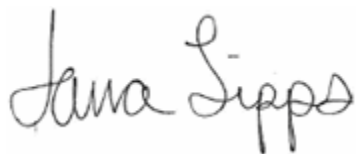
R 400.14408 Bedrooms generally.

(7) Bedrooms shall have at least 1 easily openable window.

At the time of the on-site inspection, bedroom #1 did not have any windows that were easily openable. Maintenance personnel were on-site and reported that they were aware and working on a repair for this issue.

IV. RECOMMENDATION

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



1/4/24

Licensing Consultant

Date