



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
ACTING DIRECTOR

January 23, 2024

Catherine Reese
Vibrant Life Senior Living Sterns Lodge
667 W. Sterns Road
Temperance, MI 48182

RE: License #: AH580353904
Vibrant Life Senior Living Sterns Lodge
667 W. Sterns Road
Temperance, MI 48182

Dear Licensee:

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 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 that I am not available and you need to speak to someone immediately, please feel free to contact the local office at 877-458-2757.

Sincerely,

Jessica Rogers, Licensing Staff
Bureau of Community and Health Systems
611 W. Ottawa Street
P.O. Box 30664
Lansing, MI 48909
(517) 285-7433
enclosure

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

I. IDENTIFYING INFORMATION

License #: AH580353904

Licensee Name: Vibrant Life Senior Living, OC Temperance LLC

Licensee Address: 5720 Williams Lake Road
Waterford, MI 48329

Licensee Telephone #: (734) 847-3217

Authorized Representative: Catherine Reese

Administrator/Licensee Designee: Rebecca Molina

Name of Facility: Vibrant Life Senior Living Sterns Lodge

Facility Address: 667 W. Sterns Road
Temperance, MI 48182

Facility Telephone #: (734) 847-3217

Original Issuance Date: 02/20/2014

Capacity: 46

Program Type: AGED

II. METHODS OF INSPECTION

Date of On-site Inspection(s): 01/22/2024

Date of Bureau of Fire Services Inspection if applicable: 10/13/2023

Inspection Type: Interview and Observation Worksheet
 Combination

Date of Exit Conference: 01/23/2024

No. of staff interviewed and/or observed 10

No. of residents interviewed and/or observed 14

No. of others interviewed 0 Role

- 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. No resident funds held.
- Meal preparation / service observed? Yes No If no, explain.
- Fire drills reviewed? Yes No If no, explain.
Bureau of Fire Services reviews fire drills. Disaster plan reviewed and staff interviewed regarding the disaster plan.
- 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:
- CAP dated 2/24/2022 to Renewal Licensing Study Report dated 2/17/2022: R 325.1932(1), R 325.1964(1)(b), R 325.1970 (7), R 325.1976 (8)
- CAP dated 5/13/2022 to Special Investigation Report (SIR) 2022A0784042: R 325.1932(1)
- CAP dated 2/20/2023 to SIR 2023A0585013: R 325.1931(2)
- CAP dated 2/20/2023 to SIR 2023A0585027: R 325.1932(1)
- CAP not dated to SIR 2023A0784055: R 325.1921(1)(b)
-
- Number of excluded employees followed up? Four N/A

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

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

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. The screening type and frequency of routine tuberculosis (TB) testing shall be determined by a risk assessment as described in the 2005 MMWR ?Guidelines for Preventing the Transmission of Mycobacterium tuberculosis in Health-Care Settings, 2005? (<http://www.cdc.gov/mmwr/pdf/rr/rr5417.pdf>), Appendices B and C, and any subsequent guidelines as published by the centers for disease control and prevention. Each home, and each location or venue of care, if a home provides care at multiple locations, shall complete a risk assessment annually. Homes that are low risk do not need to conduct annual TB testing for employees.

Review of the facility's tuberculosis screening binder revealed it maintained the tuberculosis cases and rates for 2022; however, lacked an annual risk assessment to include the person completing the assessment, date of risk assessment completion, the number of screened active individuals within the facility for the last year and the active TB prevalence within the county of facility, per 100,000.

VIOLATION ESTABLISHED.

R 325.1931 Employees; general provisions.

(6) The home shall establish and implement a staff training program based on the home's program statement, the residents service plans, and the needs of employees, such as any of the following:

- (a) Reporting requirements and documentation.**
- (b) First aid and/or medication, if any.**
- (c) Personal care.**
- (d) Resident rights and responsibilities.**
- (e) Safety and fire prevention.**
- (f) Containment of infectious disease and standard precautions.**
- (g) Medication administration, if applicable.**

Review of Employee #2's file revealed she was hired on 3/11/2023 and started her employment with the facility on 3/14/2023; however, her training records for personal care and resident rights and responsibilities were completed 1/18/2024.

Review of Employee #4's file revealed she lacked training records on reporting requirements and documentation, resident rights and responsibilities, and containment of infectious disease and standard precautions.

VIOLATION ESTABLISHED.

R 325.1932

Resident medications.

(2) Prescribed medication managed by the home shall be given, taken, or applied pursuant to labeling instructions, orders and by the prescribing licensed health care professional.

While on-site, observation of the narcotic count log revealed it was not always signed by staff nor completed. For example, the outgoing staff did not sign the log for one or more shifts on 1/11/2024, 1/13/2024, 1/16/2024, 1/18/2024, 1/20/2024 and 1/21/2024. Additionally, on 1/15/2024 and 1/20/2024, staff did not complete the count for their assigned shift.

Residents A, B and C's December 2023 and January 2024 medication administration records (MARs) were reviewed in which some medications read they were "not recorded" and lacked a reason why staff did not administer them. For example, Resident A's MAR read one or more medications on 12/24/2023 were documented as "not recorded." Resident B's MAR read one or more medications on 12/3/2023, 12/5/2023, 12/7/2023, 12/20/2023, and 12/26/2023 were documented as "not recorded". Resident C's MARs read one or more medications on 12/14/2023, 12/22/2023 and 1/1/2024 were documented as "not recorded."

Additionally, Residents B and C's MARs revealed they were prescribed as needed medications Haloperidol and Lorazepam for anxiety in which lacked sufficient instructions for staff to determine which medication to administer.

Furthermore, Resident C's MARs read he was prescribed Morphine Sulfate and Hydrocodone-Acetaminophen for pain in which lacked sufficient instructions for staff to determine whether the medications were to be given together, separately, in tandem, or one instead of the other according to the severity of pain.

VIOLATION ESTABLISHED.

R 325.1942 Resident records.

(2) A home shall assure that a current resident record is maintained and that all entries are dated and signed.

Review of Resident A and B's service plans revealed they were not dated, so it could not be determined when they were last updated. Additionally, the service plans lacked signatures of the employee completing the plan as well as the resident or the resident's designated representative.

VIOLATION ESTABLISHED.

R 325.1953 Menus.

(1) A home shall prepare and post the menu for regular and therapeutic or special diets for the current week. Changes shall be written on the planned menu to show the menu as actually served.

Interview with Ms. Molina revealed there were residents with prescribed mechanical soft and pureed diets. Observation of the posted the mechanical soft and pureed diet menu revealed one day was posted, and not the current week consistent with this rule.

VIOLATION ESTABLISHED.

IV. RECOMMENDATION

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

Jessica Rogers

01/23/2024

Date

Licensing Consultant