



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

MARLON I. BROWN, DPA  
ACTING DIRECTOR

January 16, 2024  
Colleen Burke  
Lourdes Alz Special Care Ctr Inc  
2400 Watkins Lake Rd  
Waterford, MI 48328

RE: License #: AL630007360  
**Clausen Manor**  
**2400 Watkins Lake Road**  
**Waterford, MI 48328**

Dear Ms. Burke:

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.

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 (248) 975-5053.

Sincerely,

A handwritten signature in cursive script that reads "Sheena Worthy".

Sheena Worthy, Licensing Consultant  
Bureau of Community and Health Systems  
4th Floor, Suite 4B  
51111 Woodward Avenue  
Pontiac, MI 48342

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

**I. IDENTIFYING INFORMATION**

**License#:** AL630007360

**Licensee Name:** Lourdes Alz Special Care Ctr Inc

**Licensee Address:** 2400 Watkins Lake Rd  
Waterford, MI 48328

**Licensee Telephone #:** (248) 886-5830

**Licensee/Licensee Designee:** Colleen Burke

**Administrator:** Colleen Burke

**Name of Facility:** Clausen Manor

**Facility Address:** 2400 Watkins Lake Road  
Waterford, MI 48328

**Facility Telephone #:** (248) 886-5800

**Original Issuance Date:** 01/13/1995

**Capacity:** 20

**Program Type:** AGED  
ALZHEIMERS

**II. METHODS OF INSPECTION**

Date of On-site Inspection(s): 01/11/2024

Date of Bureau of Fire Services Inspection if applicable: 05/09/23

Date of Health Authority Inspection if applicable: N/A

No. of staff interviewed and/or observed 3  
No. of residents interviewed and/or observed 10  
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.  
It was not meal time during the onsite.
- 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.  
N/A
- Corrective action plan compliance verified? Yes  CAP date/s and rule/s:  
SIR 01/10/24
- SIR CAP Approved 09/18/23; 305(3), 307(2), 301(4)
- SIR CAP Approved 12/21/21; 312(4)(c ), 312(4)(b), 308(2), 206(1) 305(3)
- LSR CAP Approved 12/21/21; 205(5), 301(4), 312(4)(b), 312(2), 318(5)
- LSR CAP Approved 12/12/19; 312(2), 312(4)(c ), 312(4)(b), 318(5), 301(4), 407(1) N/A
- Number of excluded employees followed-up? N/A
- Variances? Yes  (please explain) No  N/A   
Rule Variance/Exemption Granted on 07/25/23 for Rule AL304(1)(o)

### III. DESCRIPTION OF FINDINGS & CONCLUSIONS

This facility was determined to be in substantial compliance with rules and requirements. *(remove if this does not apply)*

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

#### **R 400.15203**

#### **Licensee and administrator training requirements.**

**(1) A licensee and an administrator shall complete the following educational requirements specified in subdivision (a) or (b) of this subrule, or a combination thereof, on an annual basis:**

**(a) Participate in, and successfully complete, 16 hours of training designated or approved by the department that is relevant to the licensee's admission policy and program statement.**

**(b) Have completed 6 credit hours at an accredited college or university in an area that is relevant to the licensee's admission policy and program statement as approved by the department.**

The licensee designee Colleen Burke did not complete 16 hours of training for 2023.

#### **R 400.15204**

#### **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:**

**(d) Personal care, supervision, and protection.**

Staff member Natalia Berkley, did not complete the personal care, supervision, and protection training.

**R 400.15205 Health of a licensee, direct care staff, administrator, other employees, those volunteers under the direction of the licensee, and members of the household.**

(4) A licensee shall provide the department with written evidence that he or she and the administrator have been tested for communicable tuberculosis and that if the disease is present, appropriate precautions shall be taken. The results of subsequent testing shall be verified every 3 years thereafter.

The licensee designee Colleen Burke does not have an updated TB test result.

**R 400.15310 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.

Resident A and Resident B initial weight record was not documented at the time of admission.

**R 400.15312 Resident medications.**

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

Resident B Tylenol 1:00pm does was initialed as given on 01/03/24 however; the pill was still in the bubble packet.

**REPEAT VIOLATION ESTABLISHED: LSR 12/21/21 CAP APPROVED 12/21/21**

**REPEAT VIOLATION ESTABLISHED: LSR 12/12/19 CAP APPROVED 12/12/19**

**R 400.15312 Resident medications.**

(4) When a licensee, administrator, or direct care staff member supervises the taking of medication by a resident, he or she shall comply with all of the following provisions:

(b) Complete an individual medication log that contains all of the following information:

(v) The initials of the person who administers the medication, which shall be entered at the time the medication is given.

Resident B MAR did not have staff initials for 01/08/24 through 01/10/24 for cleaning his insertion area and emptying his catheter.

**REPEAT VIOLATION ESTABLISHED: LSR 12/21/21 CAP APPROVED 12/21/21**

**REPEAT VIOLATION ESTABLISHED: LSR 12/12/19 CAP APPROVED 12/12/19**

**REPEAT VIOLATION ESTABLISHED: SIR 10/26/21 CAP APPROVED 12/21/21**

**R 400.15312 Resident medications.**

(7) Prescription medication that is no longer required by a resident shall be properly disposed of after consultation with a physician or a pharmacist.

Resident B Lorazepam expired on 08/01/23 and he was administered this medication on 01/09/24.

**R 400.15316 Resident records.**

(1) A licensee shall complete, and maintain in the home, a separate record for each resident and shall provide record information as required by the department. A resident record shall include, at a minimum, all of the following information:

(a) Identifying information, including, at a minimum, all of the following:

(viii) Funeral provisions and preferences.

The face sheet for Resident A and Resident B did not include their funeral provisions and preferences.

**R 400.15318 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.

The fire drills are not being completed during the required timeframes in 2022 or 2023. In 2023, there was a missing sleeping drill during the fourth quarter, there was a missing day drill in the third quarter, and a missing evening drill in the first quarter.

In 2022, only one drill was completed during the first quarter, and there were missing fire drills for the second and third quarter. In 2022 and 2023, there were drills that did not indicate whether or not the drill was completed in the am or pm.

**REPEAT VIOLATION ESTABLISHED: LSR 12/21/21 CAP APPROVED  
12/21/21**

**REPEAT VIOLATION ESTABLISHED: LSR 12/12/19 CAP APPROVED  
12/12/19**

**R 400.15407 Bathrooms.**

(1) Bathrooms and toilet facilities that do not have windows shall have forced ventilation to the outside. Bathroom windows that are used for ventilation shall open easily.

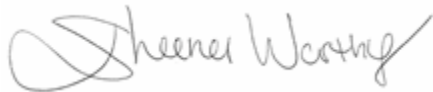
The ventilation systems in the residents bathrooms did not appear to be working properly.

**REPEAT VIOLATION ESTABLISHED: LSR 12/12/19 CAP APPROVED  
12/12/19**

A corrective action plan was requested and approved on 01/11/2024. 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.

#### **IV. RECOMMENDATION**

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

A handwritten signature in grey ink that reads "Sheena Worthy". The signature is fluid and cursive, with the first letter 'S' being particularly large and stylized.

Sheena Worthy  
Licensing Consultant

01/16/24  
Date