



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
ACTING DIRECTOR

January 16, 2024

Gail Hays
2470 White Bridge
Lowell, MI 49331

RE: License #: AM340073312
Lacey's Too
11981 Potters Road
Lowell, MI 49331

Dear Ms. Hays:

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 by submitting updated TB test and training hours for Ms. Hays by 2/1/24. Also, please send a video of the patio door lock changed by 2/1/24.

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 "Jennifer Browning".

Jennifer Browning, Licensing Consultant
Bureau of Community and Health Systems
Browningj1@michigan.gov - (989) 444-9614

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

I. IDENTIFYING INFORMATION

License #:	AM340073312
Licensee Name:	Gail Hays
Licensee Address:	2470 White Bridge Lowell, MI 49331
Licensee Telephone #:	(616) 897-5874
Administrator:	Gail Hays
Name of Facility:	Lacey's Too
Facility Address:	11981 Potters Road Lowell, MI 49331
Facility Telephone #:	(616) 897-0799
Original Issuance Date:	03/31/1997
Capacity:	9
Program Type:	MENTALLY ILL ALZHEIMERS AGED

II. METHODS OF INSPECTION

Date of On-site Inspection(s): 01/12/2024

Date of Bureau of Fire Services Inspection if applicable: 06/20/2023

Date of Health Authority Inspection if applicable: Requested on 12/28/23
under new AFC license, pending results.

No. of staff interviewed and/or observed 2

No. of residents interviewed and/or observed 9

No. of others interviewed Role:

- 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. There were no personal funds kept on-site.
- Meal preparation / service observed? Yes ☐ No ☒ If no, explain.
The inspection was not done during meal times. The food at the facility appeared safe and free from spoilage and contamination, the food service equipment was in good repair, and the facility appeared equipped to prepare and serve adequate meals.
- 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 400.14203 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.

Licensee Ms. Hays does not have verification she completed 16 hours of training per year.

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.

(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.

Licensee Ms. Hays does not have verification she has an updated communicable tuberculosis (TB) test.

R 400.2243 Exits.

(1) A means of egress shall be considered the entire way and method of passage to free and safe ground outside a building. Means of egress shall be maintained in unobstructed, easily traveled condition at all times. Where basements are regularly utilized for resident activities, there shall be 2 acceptable means of egress. Doors which form a part of a required means of egress shall be equipped with positive-latching, nonlocking-against-egress hardware and shall be at least not less than 36 inches in width in new construction, and not less than 30 inches in width in existing facilities and shall insure adequate egress for

residents requiring wheelchairs, including ramps where necessary.

The patio door off the kitchen is not equipped with positive-latching, nonlocking-against-egress hardware.

A corrective action plan was requested and approved on 01/16/2024. 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. Upon receipt of an approved Environmental Health Inspection and application fee, renewal of the license is recommended.

Jennifer Browning

Jennifer Browning
Licensing Consultant

01/16/2024

Date