



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

MARLON I. BROWN, DPA  
ACTING DIRECTOR

February 22, 2024

Kari Conn

Michigan Masonic Home  
1200 Wright Avenue  
Alma, MI 48801

|                |   |
|----------------|---|
| RE: License #: | AH290278031<br><b>Michigan Masonic Home</b><br><b>1200 Wright Avenue</b><br><b>Alma, MI 48801</b> |
|----------------|---|

Dear Kari Conn:

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 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 (517) 284-9730.

Sincerely,

Kimberly Horst, Licensing Staff  
Bureau of Community and Health Systems  
611 W. Ottawa Street  
Lansing, MI 48909

enclosure

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

**I. IDENTIFYING INFORMATION**

|   |                                      |
|---|--------------------------------------|
| <b>License #:</b>                                   | AH290278031                          |
| <b>Licensee Name:</b>                               | Michigan Masonic Home, Inc.          |
| <b>Licensee Address:</b>                            | 1200 Wright Ave<br>Alma, MI 48801    |
| <b>Licensee Telephone #:</b>                        | (989) 466-3801                       |
| <b>Authorized Representative/<br/>Administrator</b> | Kari Conn                            |
| <b>Name of Facility:</b>                            | Michigan Masonic Home                |
| <b>Facility Address:</b>                            | 1200 Wright Avenue<br>Alma, MI 48801 |
| <b>Facility Telephone #:</b>                        | (989) 463-3141                       |
| <b>Original Issuance Date:</b>                      | 09/19/2005                           |
| <b>Capacity:</b>                                    | 221                                  |
| <b>Program Type:</b>                                | AGED                                 |
|   |                                      |
|   |                                      |

## II. METHODS OF INSPECTION

Date of On-site Inspection(s): 02/22/2024

Date of Bureau of Fire Services Inspection if applicable: 09/12/2023

Inspection Type:  Interview and Observation  Worksheet  
 Combination

Date of Exit Conference: 02/22/2024

No. of staff interviewed and/or observed 10

No. of residents interviewed and/or observed 20

No. of others interviewed 0 Role N/A

- 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.
- Meal preparation / service observed? Yes  No  If no, explain.
- Fire drills reviewed? Yes  No  If no, explain.  
Disaster plans reviewed and staff interviewed.
- 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:
- Number of excluded employees followed up? 1 N/A

**III. DESCRIPTION OF FINDINGS & CONCLUSIONS**

|  |   |
|--|---|
| This facility was found to be in non-compliance with the following rules:  |   |
| <b>R 325.1932</b>  | <b>Resident Medications.</b>  |
|  | <b>(3) Staff who supervise the administration of medication for residents who do not self-administer shall comply with all of the following:<br/>(b) Complete an individual medication log that contains all of the following information:<br/>(v) The initials of the individual who administered the prescribed medication.</b> |
| Review of Resident A’s medication administration record (MAR) revealed Resident A was prescribed Calcium Tab 20mg, Coreg Tablet 3.125mg, Lantus Solution, Lisinopril Tablet 20mg, and Vitamin B12. Review of the MAR revealed staff did not complete the MAR on 02/06 that these medications were administered as prescribed by the physician. |   |
| <b>R 325.1976</b>  | <b>Kitchen and dietary.</b>   |
|  | <b>(9) An individual portion of food which is served and not eaten shall be destroyed.</b>  |
| Inspection of the facility revealed on the second floor, there was leftover food that was in a refrigerator.   |   |

**IV. RECOMMENDATION**

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

*Kimberly Host*

02/22/2024

\_\_\_\_\_ Date  
Licensing Consultant