



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

MARLON I. BROWN, DPA  
DIRECTOR

March 11, 2024

Todd Dockerty  
The Heritage Assisted Living Community  
14420 S. Helmer Road  
Battle Creek, MI 49015

RE: License #:	AH130403563 <b>The Heritage Assisted Living Community</b> <b>14420 S. Helmer Road</b> <b>Battle Creek, MI 49015</b>
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Dear Todd Dockerty:

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*  
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>	AH130403563
<b>Licensee Name:</b>	Battle Creek Assisted Living Operator, LLC
<b>Licensee Address:</b>	111 W. Ferry St. #1 Berrien Springs, MI 49103
<b>Licensee Telephone #:</b>	(574) 261-1124
<b>Authorized Representative:</b>	Todd Dockerty
<b>Administrator:</b>	Jonathon Zima
<b>Name of Facility:</b>	The Heritage Assisted Living Community
<b>Facility Address:</b>	14420 S. Helmer Road Battle Creek, MI 49015
<b>Facility Telephone #:</b>	(269) 969-4000
<b>Original Issuance Date:</b>	12/10/2020
<b>Capacity:</b>	78
<b>Program Type:</b>	AGED

## II. METHODS OF INSPECTION

Date of On-site Inspection(s): 03/08/2024

Date of Bureau of Fire Services Inspection if applicable: 05/16/2023

Inspection Type:  Interview and Observation  Worksheet  
 Combination

Date of Exit Conference: 03/11/2024

No. of staff interviewed and/or observed 5  
No. of residents interviewed and/or observed 15  
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:  
2023A1028009: R 325.1922 (2) 01/06/2023
- Number of excluded employees followed up? 8 N/A

### III. DESCRIPTION OF FINDINGS & CONCLUSIONS

<b>This facility was found to be in non-compliance with the following rules:</b>	
<b>MCL 333.21321</b>	<b>Bond Required.</b>
	<p><b>Before issuance of a license under this article, the owner, operator, or governing body of the applicant shall give a bond with a surety approved by the department. The bond shall insure the department for the benefit of the residents. The bond shall be conditioned that the applicant do all of the following:</b></p> <p><b>(a) Hold separately and in trust all resident funds deposited with the applicant.</b></p> <p><b>(b) Administer the funds on behalf of a resident in the manner directed by the depositor.</b></p> <p><b>(c) Render a true and complete account to the resident, the depositor, and the department when requested.</b></p> <p><b>(d) Account, on termination of the deposit, for all funds received expended and held on hand.</b></p>
Inspection of the facility revealed the facility is holding resident funds and does not have an active bond to hold resident funds.	
<b>R 325.1921</b>	<b>Governing bodies, administrators, and supervisors.</b>
	<p><b>(1) The owner, operator, and governing body of a home shall do all of the following:</b></p> <p><b>(b) Assure that the home maintains an organized program to provide room and board, protection, supervision, assistance, and supervised personal care for its residents.</b></p>
<b>For Reference: R 325.1901</b>	<b>Definitions.</b>
	<p><b>(p) "Protection" means the continual responsibility of the home to take reasonable action to ensure the health, safety, and well-being of a resident as indicated in the resident's service plan, including protection from physical harm, humiliation, intimidation, and social, moral, financial, and personal exploitation while on the premises, while under the supervision of the home or an agent or employee of the home, or when the resident's service plan states that the resident needs continuous supervision.</b></p>

<p>Review of Resident A's MAR revealed Resident A was prescribed Ativan Tab 0.5mg with instruction to administer one tablet by mouth twice a day for anxiety/agitation. Review of Resident A's service plan lacked detailed information on how the resident demonstrates anxiety and what behaviors require the administration of the medication or if staff can use nonpharmaceutical interventions. Similar findings were noted with Resident B.</p>	
<b>R 325.1922</b>	<b>Admission and retention of residents.</b>
	<p><b>(7) An individual admitted to residence in the home shall have evidence of initial tuberculosis screening on record in the home that was performed within 12 months before admission. Initial screening may consist of an intradermal skin test, a blood test, a chest x-ray, or other methods recommended by the public health authority. 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 HealthCare Settings, 2005" (<a href="http://www.cdc.gov/mmwr/pdf/rr/rr5417.pdf">http://www.cdc.gov/mmwr/pdf/rr/rr5417.pdf</a>), Appendices B and C, and any subsequent guidelines as published by the centers for disease control and prevention. A 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 have to conduct annual TB testing for residents.</b></p>
<p>Review of facility documents revealed the facility did not complete the tuberculosis annual risk assessment.</p>	
<b>R 325.1923</b>	<b>Employee's Health.</b>
	<p><b>(2) A home shall provide annual tuberculosis screening at no cost for its employees. New employees shall be screened within 10 days of hire and before occupational exposure. The screening shall consist of intradermal skin test, chest x-ray, or other methods as recommended by the local health authority.</b></p>
<p>Review of staff person 1 (SP1) employee record revealed the facility did not have record of SP1's tuberculosis (TB) test.</p>	
<b>R 325.1953</b>	<b>Menus.</b>

	<b>(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.</b>
Review of facility documentation revealed the facility did not have the menu posted for therapeutic or special diets.	
<b>R 325.1954</b>	<b>Meal and food records.</b>
	<b>The home shall maintain a record of the meal census, to include residents, personnel, and visitors, and a record of the kind and amount of food used for the preceding 3-month period.</b>
Review of facility documentation revealed the facility does not keep a meal census to include the record and amount of food used.	
<b>R 325.1976</b>	<b>Kitchen and dietary.</b>
	<b>(6) Food and drink used in the home shall be clean and wholesome and shall be manufactured, handled, stored, prepared, transported, and served so as to be safe for human consumption.</b>
Inspection of the facility kitchen revealed that the walk-in refrigerator, freezer and dry storage area contained items that were opened, unsealed and were not dated.	

#### IV. RECOMMENDATION

Upon receipt of an acceptable corrective action plan, I recommend issuance of a regular license to this home for the aged.

*Kimberly Host*

03/11/2024

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Licensing Consultant Date