

GRETCHEN WHITMER GOVERNOR STATE OF MICHIGAN DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS LANSING

MARLON I. BROWN, DPA ACTING DIRECTOR

March 4, 2024

Elyse Al-Rakabi Chesaning Comfort Care 1800 W. Brady St. Chesaning, MI 48616

RE: License #:	AH730388501
	Chesaning Comfort Care
	1800 W. Brady St.
	Chesaning, MI 48616

Dear Elyse Al-Rakabi:

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,

KinveryHost

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

License #:	AH730388501
Licensee Name:	Chesaning Comfort Care LLC
Licensee Address:	Suite B
	3061 Christy Way
	Saginaw, MI 48603
Licensee Telephone #:	(989) 607-0001
Authorized Representative:	Elyse Al-Rakabi
Administrator:	Darleen Bates
Name of Facility:	Chesaning Comfort Care
Facility Address:	1800 W. Brady St.
	Chesaning, MI 48616
Facility Telephone #:	(989) 607-0001
Original Issuance Date:	11/27/2017
Capacity:	56
Program Type:	AGED
	ALZHEIMERS

II. METHODS OF INSPECTION

Date of On-site Inspection(s): 03/01/2024

Date of Bureau of Fire Services Inspection if applicable: 10/23/2023

Inspection Type:	Interview and Observation	⊠Worksheet
	Combination	

Date of Exit Conference: 03/04/2024

No. of staff interviewed an	d/or observed	5
No. of residents interviewe	ed and/or observed	10
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 X If no, explain. Resident funds not kept in trust.
- Meal preparation / service observed? Yes 🛛 No 🗌 If no, explain.
- Fire drills reviewed? Yes No K If no, explain.
 Diaster plans reviewed and staff interviewed.
- Water temperatures checked? Yes \boxtimes No \square 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: 2023A1021030:MCL 333.20173a; R325.1931: 02/09/2023
- Number of excluded employees followed up? 1 N/A

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

This facility was f	This facility was found to be in non-compliance with the following rules:	
R 325.1921	Governing bodies, administrators, and supervisors.	
	(1) The owner, operator, and governing body of a home shall do all of the following:	
	(b) Assure that the home maintains an organized program to provide room and board, protection, supervision, assistance, and supervised personal care for its residents.	
For Reference: R 325.1901	Definitions.	
	(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.	
0.5mg with instruct for anxiety. Review the resident demor	t A's MAR revealed Resident A was prescribed Lorazepam Tab ion to administer one tablet by mouth every six hours as needed of Resident A's service plan lacked detailed information on how instrates anxiety and what behaviors require the administration of f staff can use nonpharmaceutical interventions. Similar findings esident A and C.	
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home, or when the resident's service plan states that the resident needs continuous supervision.

Upon my inspection, Resident B had bedside assistive devices attached to her bed. I reviewed Resident B records and found no physician orders for the bedside assistive devices. The service plan for Resident B lacked information about the devices related to purpose of use, staff responsibility to ensure devices were safe, and ongoing maintenance schedules. For instance, instruction regarding whether the resident could summon staff independently for help or require monitoring on a predetermined frequency was not defined. In addition, it lacked what staff were responsible for, and what methods were to be used in determining if the device posed a risk.

R 325. 1922	Admission and retention of residents.
	 (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 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. A home, and each location or venue of care, if a home provides care at multiple locations, shall complete a risk assessment annual.
Review of Resid	ent A's records revealed Resident A did not have a tuberculosis test

Review of Resident A's records revealed Resident A did not have a tuberculosis test 12 months prior to admission.

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.
Review of facility menus revealed the facility did not have therapeutic diets on the	

Review of facility menus revealed the facility did not have therapeutic diets on th menu.

R325.1964	Interiors.
	 (9) Ventilation shall be provided throughout the facility in the following manner: (b) Bathing rooms, beauty shops, toilet rooms, soiled linen rooms, janitor closets, and trash holding rooms shall be provided with a minimum of 10 air changes per hour of continuously operated exhaust ventilation that provide discernable air flow into each of these rooms.
Inspection of the closet.	e facility revealed there was no continuous air flow in the janitor
R 325.1976	Kitchen and dietary
	(8) A reliable thermometer shall be provided for each refrigerator and freezer.
Inspection of fac	ility medication refrigerator revealed the refrigerator did not properly

close and the temperature was above 40 degrees.

IV. RECOMMENDATION

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

KinveryHost

03/04/2024

Licensing Consultant

Date