



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
DIRECTOR

April 26, 2024

Stephanie Yancer
JSY Elder Care
Lot 262
10450 6 Mile Rd.
Battle Creek, MI 49014

RE: License #: AS130417977
Creekside Elder Care
14193 6 1/2 Mile Rd.
Battle Creek, MI 49014

Dear Mrs. Yancer:

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 within 15 days of the received report.

Upon receiving documentation of completed corrections, I recommend issuance of a regular license to this AFC adult small group home, capacity of six. 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 contact the local office at (616) 356-0183.

Sincerely,

Kevin L Sellers

Kevin Sellers, Licensing Consultant
Department of Licensing and Regulatory Affairs
Unit 13, 7th Floor
350 Ottawa, N.W.
Grand Rapids, MI 49503
(517) 230-3704
SellersK1@michigan.gov

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

I. IDENTIFYING INFORMATION

License#: AS130417977

Licensee Name: JSY Elder Care

Licensee Address: Lot 262
10450 6 Mile Rd.
Battle Creek, MI 49014

Licensee Telephone #: (269) 986-3496

Licensee/Licensee Designee: Stephanie Yancer

Administrator: Stephanie Yancer

Name of Facility: Creekside Elder Care

Facility Address: 14193 6 1/2 Mile Rd.
Battle Creek, MI 49014

Facility Telephone #: (269) 986-3494

Original Issuance Date: 10/31/2023

Capacity: 6

Program Type: AGED
ALZHEIMERS

II. METHODS OF INSPECTION

Date of On-site Inspection(s): 04/23/2024

Date of Bureau of Fire Services Inspection if applicable: N/A

Date of Health Authority Inspection if applicable: 10/30/2023

No. of staff interviewed and/or observed 1

No. of residents interviewed and/or observed 5

No. of others interviewed 1 Role: Licensee

- 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.
- 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:
CAP on 4/23/24 316 (1)(g) and 316 (1)(i) 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 400.14316 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:

(g) Weight record.

At the time of the renewal inspection Weight Record form for Resident A was reviewed. Resident A's weight was taken and recorded by direct care staff members for the months of January, March and April 2024. Resident A's weight was not taken and recorded for the month of February 2024.

R 400.14316 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:

(i) Resident funds and valuables record and resident refund agreement.

At the time of the renewal inspection Resident Funds Part II form was not found in Resident A, B and C's resident records.

IV. RECOMMENDATION

A corrective action plan was requested and approved on 4/23/24. 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.

Contingent upon receipt of acceptable documentation for the corrective action plan, I recommend issuance of a 2 year regular adult foster care license.

Kevin L Sellers

4/26/24

Kevin Sellers
Licensing Consultant

Date