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## STATE OF MICHIGAN DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS LANSING

MARLON I. BROWN, DPA DIRECTOR

May 23, 2024

White Oaks, A Randall Residence 300 White Oak Road Lawton, MI 49065

RE: License #: AL800315841

White Oaks Assisted Living - I

300 White Oak Road Lawton, MI 49065

## Dear Licensee Designee:

Attached is the Special Investigation Report for the above referenced facility. Due to the severity of the violations, disciplinary action against your license is recommended. You will be notified in writing of the department's action and your options for resolution of this matter.

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,

Kristy Duda, Licensing Consultant Bureau of Community and Health Systems

Unit 13, 7th Floor 350 Ottawa, N.W.

Grand Rapids, MI 49503

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

#### I. IDENTIFYING INFORMATION

**License #:** AL800315841

**Licensee Name:** White Oaks, A Randall Residence

**Licensee Address:** 300 White Oak Road

Lawton, MI 49065

**Licensee Telephone #:** (269) 624-4811

**Licensee Designee/Administrator:** Kathleen Sparrow-Dinzik

Name of Facility: White Oaks Assisted Living - I

Facility Address: 300 White Oak Road

Lawton, MI 49065

**Facility Telephone #:** (269) 624-4811

Original Issuance Date: 04/01/2013

Capacity: 20

Program Type: PHYSICALLY HANDICAPPED

DEVELOPMENTALLY DISABLED

MENTALLY ILL

**AGED** 

## II. METHODS OF INSPECTION

Date	e of On-site Inspection(s):	03/28/2	2024	
Date	e of Bureau of Fire Services Inspection if app	olicable:	07/24/2023 - A Rating	
Date	e of Health Authority Inspection if applicable:		N/A	
No.	of staff interviewed and/or observed of residents interviewed and/or observed of others interviewed 1 Role: License	ee Desig	5 6 nee	
•	Medication pass / simulated pass observed	? Yes ∑	☑ No ☐ If no, explain.	
•	Medication(s) and medication record(s) revi	ewed? `	Yes ⊠ No □ If no, explain.	
•	Resident funds and associated documents Yes No I If no, explain.  Meal preparation / service observed? Yes [			
•	Fire drills reviewed? Yes ⊠ No ☐ If no, €	explain.		
•	Fire safety equipment and practices observe	ed? Yes	s ⊠ No □ If no, explain.	
•	E-scores reviewed? (Special Certification O If no, explain.  Water temperatures checked? Yes ⊠ No The water temperature was measured to be Incident report follow-up? Yes ⊠ No ☐ If Incident reports reviewed to ensure the hom of SIR 2023A1031043.  Corrective action plan compliance verified? 9/18/23 - 301(7), 301(9), 301(10), 311(3), 3 Number of excluded employees followed-up	If no. 97 degree in o, explore is using Yes \$\int_{12}(4b), 3\$	e, explain. rees. lain. ng the correct form as a resul CAP date/s and rule/s:	t
•	Variances? Yes ☐ (please explain) No ☒	N/A	7	

## **III. DESCRIPTION OF FINDINGS & CONCLUSIONS**

R 400.15204	Direct care staff; qualifications and training.	
	(3) A licensee or administrator shall provide in-service training or make training available through other sources to direct care staff. Direct care staff shall be competent before performing assigned tasks, which shall include being competent in all of the following areas:	
	(e) Resident rights.	
	employee files (Rodina Eckholm, Mary Shinaburger, and Valerie did not have verification that Resident Rights training was	
R 400.15205	Health of a licensee, direct care staff, administrator, other employees, those volunteers under the direction of the licensee, and members of the household.	
	(6) A licensee shall annually review the health status of the administrator, direct care staff, other employees, and members of the household. Verification of annual reviews shall be maintained by the home and shall be available for department review.	
One out of six er health form avail	mployee files (Rodina Eckholm) reviewed did not have an annual lable for review.	
R 400.15301	Resident admission criteria; resident care agreement	
	(8) A copy of the signed resident care agreement shall be provided to the resident or the resident's designated representative. A copy of the resident care agreement shall be maintained in the resident's record.	

Reference special investigation report (SIR) #2023A1031043 dated 8/11/23, corrective action plan (CAP) dated 9/18/23.

esident medications.
Medication shall be given, taken, or applied pursuant to
bel instructions.
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Resident A had PRN BioFreeze medication on MAR, but it was not located in the medication cart - last documented administration on 5/21/23. Resident A was also prescribed PRN Systance (Eye Drops) - Medication on MAR but it was not located in the medication cart – last administration was given on 10/7/23. I was told the medication expired at the beginning of 2024 and was re-ordered on 3/28/24.

Resident B had PRN Nitroglycerin medication on MAR, but it was not located in the medication cart – last administration was on 12/1/23. I was told it was re-ordered on 3/28/24. Resident B had Fursemide medication was on MAR but not in the medication cart. I was told the medication was last administered on 11/28/23 and would be discontinued on 3/28/24.

### REPEAT VIOLATION ESTABLISHED

Reference special investigation report (SIR) #2023A1031048 dated 8/11/23, corrective action plan (CAP) dated 9/18/23.

R 400.15315	Handling of resident funds and valuables.
	(3) A licensee shall have a resident's funds and valuables transaction form completed and on file for each resident. A department form shall be used unless prior authorization for a substitute form has been granted, in writing, by the department.

Resident B's *Resident Funds II* form read that Resident B had \$365 available in their personal funds and when I counted the cash on hand there was \$345, \$20 was unaccounted for.

R 400.15315	Handling of resident funds and valuables.	
(6) Except for bank accounts, a licensee shall not accept resident funds of more than \$200.00 for any resident of the home after receiving payment of charges owed.		
Resident B had \$345 in their personal funds which exceeds \$200.		
D 400 45404	Cavironmental health	

R 400.15401	Environmental health.
	(2) Hot and cold running water that is under pressure shall be provided. A licensee shall maintain the hot water

temperature for a resident's use at a range of 105 degrees Fahrenheit to 120 degrees Fahrenheit at the faucet.

The water temperature was measured to be 129 degrees in bedrooms #48, #50, #52, #54, #55, and #59.

On 5/23/24, an exit conference was conducted with Ms. Sparrow-Dinzik and Scott Peters. They reported they did not agree with the recommendation of refusal to renew the license and will be appealing the decision.

## IV. RECOMMENDATION

The home was issued a provisional license on 9/21/23. Due to the continued administrative rule violations, I recommend refusal to renew the license.

KDuda	5/2/24
Kristy Duda Licensing Consultant	Date
Russell Misias	5/2/24
Russell Misiak Area Manager	Date