

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

MARLON I. BROWN, DPA DIRECTOR

May 6, 2024

Lorraine Morales 1050 W. Colonial Park Grand Ledge, MI 48837

> RE: License #: AS340400717 Four Seasons Adult Assisted Living 7555 Knox Road Portland, MI 48875

Dear Lorraine Morales:

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.

Please contact me with any questions. In the event that I am not available and you need to speak to someone immediately, you may contact the local office at (517) 284-9730.

Sincerely,

Amanda Blasius, Licensing Consultant Bureau of Community and Health Systems 611 W. Ottawa Street P.O. Box 30664 Lansing, MI 48909

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

## I. IDENTIFYING INFORMATION

License #:	AS340400717
Licensee Name:	Lorraine Morales
Licensee Address:	1050 W. Colonial Park Grand Ledge, MI  48837
Licensee Telephone #:	(517) 622-0313
Licensee/Licensee Designee:	Lorraine Morales
Administrator:	NA
Name of Facility:	Four Seasons Adult Assisted Living
Facility Address:	7555 Knox Road Portland, MI 48875
Facility Telephone #:	(517) 526-1195
Original Issuance Date:	11/14/2019
Capacity:	6
Program Type:	PHYSICALLY HANDICAPPED AGED ALZHEIMERS

# **II. METHODS OF INSPECTION**

Date	e of On-site Inspection(s):	05/06/2024	
Date	e of Bureau of Fire Services Inspection if applicable:	NA	
Date	e of Health Authority Inspection if applicable:	01/23/2024	
No.	of staff interviewed and/or observed of residents interviewed and/or observed of others interviewed Role:	2 4	
•	Medication pass / simulated pass observed? Yes $\boxtimes$	No 🗌 If no, explain.	
•	Medication(s) and medication record(s) reviewed? Ye	es 🔀 No 🗌 If no, explain.	
•	Resident funds and associated documents reviewed for at least one resident? Yes $\Box$ No $\boxtimes$ If no, explain. Licensee does not keep resident funds on file. Meal preparation / service observed? Yes $\boxtimes$ No $\Box$ If no, explain.		
•	Fire drills reviewed? Yes $\boxtimes$ No $\square$ If no, explain.		
•	Fire safety equipment and practices observed? Yes [	🛛 No 🗌 If no, explain.	
•	E-scores reviewed? (Special Certification Only) Yes If no, explain. Water temperatures checked? Yes 🔀 No 🗌 If no, e		
•	Incident report follow-up? Yes 🛛 No 🗌 If no, expla	in.	
•	Corrective action plan compliance verified? Yes $\boxtimes$ (8/28/23: as403(1) as403(4) as403(5) as403(13)as403 Number of excluded employees followed-up?		

● 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 400.14203 Licensee and administrator training requirements.

(1) A licensee and an administrator shall complete the following educational requirements specified in subdivision (a) or (b) of this subrule, or a combination thereof, on an annual basis:

(a) Participate in, and successfully complete, 16 hours of training designated or approved by the department that is relevant to the licensee's admission policy and program statement.

At the time of inspection, licensee Lorrianne Morales was missing 16 hours of the required 32 hours of training for the reporting period of 2022-2024.

### **IV. RECOMMENDATION**

An acceptable corrective action plan has been received. Renewal of the license is recommended.

05/06/2024

Amanda Blasius Licensing Consultant

Date