



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
DIRECTOR

May 31, 2024

Lisa Sikes
CSM Wyoming LLC
1435 Coit Ave NE
Grand Rapids, MI 49505

RE: License #: AL410414357
Care Cardinal Wyoming Bldg #5
2600 Walden Woods
Wyoming, MI 49519

Dear Ms. Sikes:

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 licensee or licensee designee or home for the aged authorized representative and a date.

Upon receipt of an acceptable corrective plan, a regular license will be issued. If you fail to submit an acceptable corrective action plan, disciplinary action will result.

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 (616) 356-0183.

Sincerely,

A handwritten signature in cursive script, appearing to read "Toya Zylstra".

Toya Zylstra, Licensing Consultant
Bureau of Community and Health Systems
Unit 13, 7th Floor
350 Ottawa, N.W.
Grand Rapids, MI 49503
(616) 333-9702

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

I. IDENTIFYING INFORMATION

License #: AL410414357

Licensee Name: CSM Wyoming LLC

Licensee Address: 1435 Coit Ave NE
Grand Rapids, MI 49505

Licensee Telephone #: (616) 308-6915

Licensee/Licensee Designee: Lisa Sikes, Designee

Administrator: Bryan Cramer

Name of Facility: Care Cardinal Wyoming Bldg #5

Facility Address: 2600 Walden Woods
Wyoming, MI 49519

Facility Telephone #: (616) 308-6915

Original Issuance Date: 12/13/2023

Capacity: 20

Program Type: PHYSICALLY HANDICAPPED
DEVELOPMENTALLY DISABLED
MENTALLY ILL
AGED

II. METHODS OF INSPECTION

Date of On-site Inspection(s): 05/30/2024
Date of Bureau of Fire Services Inspection if applicable: 06/01/2023
Date of Health Authority Inspection if applicable: 05/30/2024
No. of staff interviewed and/or observed 3
No. of residents interviewed and/or observed 7
No. of others interviewed N/A Role: [REDACTED]

- Medication pass / simulated pass observed? Yes No If no, explain. Medications passed prior to inspection.
- 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. Meal prepared prior to inspection.
- 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: 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 determined to be in substantial compliance with rules and requirements.

This facility was found to be in non-compliance with the following rules:

R 400.15312 Resident medications.

(1) Prescription medication, including dietary supplements, or individual special medical procedures shall be given, taken, or applied only as prescribed by a licensed physician or dentist. Prescription medication shall be kept in the original pharmacy-supplied container, which shall be labeled for the specified resident in accordance with the requirements of Act No. 368 of the Public Acts of 1978, as amended, being S333.1101 et seq. of the Michigan Compiled Laws, kept with the equipment to administer it in a locked cabinet or drawer, and refrigerated if required.

Finding: On 05/30/2024 I completed a renewal inspection at the facility and reviewed Resident A's Medication Administration Record. I observed that said document indicates that Resident A was prescribed Cephalexin 500 MG three times daily from 04/09/2024 until 04/12/2024 and that on 04/11/2024 Resident A was not administered two doses of Cephalexin. I observed that the document does not identify a rationale for the two missed doses.

Exit Conference: While onsite I completed a face-to-face exit conference with licensee designee Lisa Sikes. Ms. Sikes stated that to her knowledge, the facility ran out of said medication on 04/11/2024 which is the reason Resident A did not receive his medication as prescribed. Ms. Sikes did not dispute that a violation had occurred and agreed to submit an acceptable Corrective Action Plan.

R 400.15312 Resident medications.

(4) When a licensee, administrator, or direct care staff member supervises the taking of medication by a resident, he or she shall comply with all of the following provisions:

(f) Contact the appropriate health care professional if a medication error occurs or when a resident refuses prescribed medication or procedures and follow and record the instructions given.

Finding: While onsite I observed Resident A's Medication Administration Record indicated that on 04/11/2024 Resident A did not receive two doses of his prescribed medication, Cephalexin 500 MG. I observed that said document did not indicate that an appropriate medical professional was contacted after Resident A did not receive two doses on Cephalexin 500 MG 04/11/2024.

Exit Conference: While onsite I completed a face-to-face exit conference with licensee designee Lisa Sikes. Ms. Sikes confirmed that Resident A did not receive two doses of his prescribed Cephalexin 500 MG on 04/11/2024 and that the facility failed to notify appropriate medical staff of the medication error. Ms. Sikes did not dispute that a violation had occurred and stated that she would submit an acceptable Corrective Action Plan.

IV. RECOMMENDATION

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



05/31/2024

Toya Zylstra
Licensing Consultant

Date