



STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

GRETCHEN WHITMER
GOVERNOR

MARLON I. BROWN, DPA
DIRECTOR

June 17, 2024

Reid Ganton
Lakeview Assisted Living Community LLC
14420 S Helmer Rd
Battle Creek, MI 49015

RE: License #:	AH130316511 Lakeview Assisted Living 14661 S Helmer Rd Battle Creek, MI 49015
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Dear Reid Ganton:

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,

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 #:	AH130316511
Licensee Name:	Lakeview Assisted Living Community LLC
Licensee Address:	14420 S Helmer Rd Battle Creek, MI 49015
Licensee Telephone #:	(269) 969-4000
Administrator:	Reid Ganton
Name of Facility:	Lakeview Assisted Living
Facility Address:	14661 S Helmer Rd Battle Creek, MI 49015
Facility Telephone #:	(269) 969-8900
Original Issuance Date:	07/25/2012
Capacity:	68
Program Type:	AGED

II. METHODS OF INSPECTION

Date of On-site Inspection(s): 06/13/2024

Date of Bureau of Fire Services Inspection if applicable: 09/12/2023

Inspection Type: Interview and Observation Worksheet
 Combination

Date of Exit Conference: 06/17/2024

No. of staff interviewed and/or observed 5
No. of residents interviewed and/or observed 15
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 If no, explain.
- Meal preparation / service observed? Yes No If no, explain.
- Fire drills reviewed? Yes No If no, explain.
Disaster plans reviewed and staff interviewed.
- Water temperatures checked? Yes No 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:
- Number of excluded employees followed up? 3 N/A

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

This facility was found to be in non-compliance with the following rules:	
R 325.1922	Admission and retention of residents.
	<p>(7) An individual admitted to residence in the home shall have evidence of 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 annually. Homes that are low risk do not have to conduct annual TB testing for residents.</p>
Review of Resident A, Resident B, and Resident C's documents revealed the facility did not have results of their tuberculosis test until after admission.	
R 325.1932	Resident Medications.
	<p>(2) Prescribed medication managed by the home shall be given, taken, or applied pursuant to labeling instructions, orders and by the prescribing licensed health care professional.</p>
Review of Resident D's medication administration record (MAR) revealed staff were to check Resident D's blood pressure every day. Review of Resident D's May MAR revealed this was not completed on 05/01, 05/15, 05/23, 05/26, 05/27, and 05/30. There was no documentation as to the reasoning why this check was not completed.	

IV. RECOMMENDATION

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

Kimberly Host

06/17/2024

Date

Licensing Consultant