



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
DIRECTOR

July 26, 2024

Larna Chevis
4047 56th Street
Wyoming, MI 49418

RE: License #: AF410380487
Katie's Home For Seniors
4047 56th Street
Wyoming, MI 49418

Dear Ms. Chevis:

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 #:	AF410380487
Licensee Name:	Larna Chevis
Licensee Address:	4047 56th Street Wyoming, MI 49418
Licensee Telephone #:	(616) 334-2005
Licensee/Licensee Designee:	N/A
Administrator:	N/A
Name of Facility:	Katie's Home For Seniors
Facility Address:	4047 56th Street Wyoming, MI 49418
Facility Telephone #:	(616) 334-2005
Original Issuance Date:	02/08/2016
Capacity:	6
Program Type:	PHYSICALLY HANDICAPPED DEVELOPMENTALLY DISABLED AGED

II. METHODS OF INSPECTION

Date of On-site Inspection(s): 07/26/2024

Date of Bureau of Fire Services Inspection if applicable: 07/26/2024

Date of Health Authority Inspection if applicable: 07/26/2024

No. of staff interviewed and/or observed 1

No. of residents interviewed and/or observed 1

No. of others interviewed N/A Role:

- 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 400.1416

Resident healthcare.

(1) A licensee, in conjunction with a resident's cooperation, shall follow the instructions and recommendations of a resident's physician regarding medications, special diets, and other resident healthcare needs that can be provided in the home.

Finding: On 07/26/2024, during an onsite renewal inspection, a review of Resident A's Medication Administration Record indicated that Resident A is prescribed Lisinopril 20 MG once daily and that on 07/16/2024, 07/17/2024, 07/18/2024, 07/19/2024, 07/20/2024, 07/21/2024, 07/23/2024, 07/24/2024, and 07/25/2024 Resident A was not administrated said medication.

Exit Conference: While onsite I completed an Exit Conference with Licensee Larna Chevis. Ms. Chevis stated that Resident A did receive her prescribed medication, Lisinopril, on the dates in question however Ms. Chevis forgot to initial Resident A's MAR.

R 400.1416

Resident healthcare.

(3) A licensee shall record the weight of a resident on admission and then monthly after that. Weight records must be maintained for 2 years.

Finding: On 07/26/2024, during an onsite renewal inspection, a review of Resident A's weight records indicated that Resident A was not weighed monthly on 02/2024.

Exit Conference: While onsite I completed an Exit Conference with Licensee Larna Chevis. Ms. Chevis stated that Resident A was not weighed 02/2024 as required.

IV. RECOMMENDATION

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



07/26/2024

Toya Zylstra
Licensing Consultant

Date