



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

MARLON I. BROWN, DPA  
DIRECTOR

June 25, 2024

Karrie Beilfuss  
LifeSpan...A Community Service  
PO Box 1978  
524 North Jackson Street  
Jackson, MI 49201-1978

RE: License #: AS380379307  
**Seymour Road Home**  
**4361 Seymour Road**  
**Jackson, MI 49201**

Dear Karrie Beilfuss:

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 a Statement of Correction by July 10, 2024.

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,

A handwritten signature in black ink that reads "Mahtina Rubritius".

Mahtina Rubritius, Licensing Consultant  
Bureau of Community and Health Systems  
611 W. Ottawa  
P.O. Box 30664  
Lansing, MI 48909  
(517) 262-8604

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

**I. IDENTIFYING INFORMATION**

<b>License #:</b>	AS380379307
<b>Licensee Name:</b>	LifeSpan...A Community Service
<b>Licensee Address:</b>	PO Box 1978 524 North Jackson Street Jackson, MI 49201-1978
<b>Licensee Telephone #:</b>	(517) 784-4426
<b>Licensee/Licensee Designee:</b>	Karrie Beilfuss
<b>Administrator:</b>	Robert Dangler
<b>Name of Facility:</b>	Seymour Road Home
<b>Facility Address:</b>	4361 Seymour Road Jackson, MI 49201
<b>Facility Telephone #:</b>	(517) 395-4309
<b>Original Issuance Date:</b>	12/29/2015
<b>Capacity:</b>	5
<b>Program Type:</b>	PHYSICALLY HANDICAPPED DEVELOPMENTALLY DISABLED MENTALLY ILL AGED TRAUMATICALLY BRAIN INJURED ALZHEIMERS

## II. METHODS OF INSPECTION

Date of On-site Inspection(s): 06/20/2024

Date of Bureau of Fire Services Inspection if applicable: N/A

Date of Health Authority Inspection if applicable: 02/13/2024

No. of staff interviewed and/or observed 4

No. of residents interviewed and/or observed 3

No. of others interviewed 0 Role:

- Medication pass / simulated pass observed? Yes ☒ No ☐ If no, explain.
- 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.
- 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.  
Incident reports are no longer required to be submitted to LARA.
- Corrective action plan compliance verified? Yes ☒ CAP date/s and rule/s:  
R 400. 14312 (1) & R 400. 14308 (2) N/A ☐
- Number of excluded employees followed-up? 1 N/A ☐
- 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 400.14312      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:**

**(b) Complete an individual medication log that contains all of the following information:**

**(i) The medication.**

**(ii) The dosage.**

**(iii) Label instructions for use.**

**(iv) Time to be administered.**

**(v) The initials of the person who administers the medication, which shall be entered at the time the medication is given.**

**(vi) A resident's refusal to accept prescribed medication or procedures.**

The medication logs for Resident A were missing the staff initials on June 5, 2024, during 3<sup>rd</sup> shift, and June 13, 2024, during 2<sup>nd</sup> shift.

**R 400.14315      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.**

The licensee accepted more than \$200.00 for safe keeping for Resident A.

A corrective action plan was requested and approved on 06/20/2024. It is expected that the corrective action plan be implemented within the specified time frames as outlined in the approved plan. A follow-up evaluation may be made to verify compliance. Should the corrections not be implemented in the specified time, it may be necessary to reevaluate the status of your license.

#### IV. RECOMMENDATION

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

*Mahtina Rubritius*

06/25/2024

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Mahtina Rubritius  
Licensing Consultant

Date