



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
DIRECTOR

September 26, 2024

Ruby Abrego
One Way Management LLC
6664 Vintage Dr
Hudsonville, MI 49426

RE: License #: AS330417821
**Brighter Horizons Assisted Living
King Jr Blvd
5455 S Martin Luther
Lansing, MI 48911**

Dear Ruby Abrego:

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 (517) 284-9730.

Sincerely,

A handwritten signature in black ink that reads "Cathy Cushman". The script is cursive and fluid, with the first name "Cathy" and last name "Cushman" clearly legible.

Cathy Cushman, Licensing Consultant
Bureau of Community and Health Systems
611 W. Ottawa Street
P.O. Box 30664
Lansing, MI 48909
(269) 615-5190

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

I. IDENTIFYING INFORMATION

License #:	AS330417821
Licensee Name:	One Way Management LLC
Licensee Address:	6664 Vintage Dr Hudsonville, MI 49426
Licensee Telephone #:	(616) 610-2964
Licensee Designee:	Ruby Abrego
Administrator:	Ruby Abrego
Name of Facility:	Brighter Horizons Assisted Living
Facility Address:	King Jr Blvd 5455 S Martin Luther Lansing, MI 48911
Facility Telephone #:	(517) 721-1085
Original Issuance Date:	04/12/2024
Capacity:	6
Program Type:	AGED

II. METHODS OF INSPECTION

Date of On-site Inspections: 08/13/2024 – interim inspection
09/20/2024

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

Date of Health Authority Inspection if applicable: N/A

No. of staff interviewed and/or observed 1

No. of residents interviewed and/or observed 4

No. of others interviewed [redacted] Role: [redacted]

- 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.
- 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 found to be in non-compliance with the following rules:

MCL 400.734b **Employing or contracting with certain individuals providing direct services to residents; prohibitions; criminal history check; exemptions; written consent and identification; conditional employment; use of criminal history record information; disclosure; determination of existence of national criminal history; failure to conduct criminal history check; automated fingerprint identification system database; electronic web-based system; costs; definitions.**

(2) Except as otherwise provided in this subsection or subsection (6), an adult foster care facility shall not employ or independently contract with an individual who has direct access to residents until the adult foster care facility or staffing agency has conducted a criminal history check in compliance with this section or has received criminal history record information in compliance with subsections (3) and (11). This subsection and subsection (1) do not apply to an individual who is employed by or under contract to an adult foster care facility before April 1, 2006. On or before April 1, 2011, an individual who is exempt under this subsection and who has not been the subject of a criminal history check conducted in compliance with this section shall provide the department of state police a set of fingerprints and the department of state police shall input those fingerprints into the automated fingerprint identification system database established under subsection (14). An individual who is exempt under this subsection is not limited to working within the adult foster care facility with which he or she is employed by or under independent contract with on April 1, 2006 but may transfer to another adult foster care facility, mental health facility, or covered health facility. If an individual who is exempt under this subsection is subsequently convicted of a crime or offense described under subsection (1)(a) to (g) or found to be the subject of a substantiated finding described under subsection (1)(i) or an order or disposition described under subsection (1)(h), or is found to have been convicted of a relevant crime described under 42 USC 1320a-7(a), he or she is no longer exempt and shall be terminated from employment or denied employment.

FINDING: Multiple direct care staff did not have verification of background clearances through the Workforce Background Check section, including Carmene Gitare, Marie-Josee Akono Amouzou, and Brian Eirosius, as required.

R 400.14205 **Health of a licensee, direct care staff, administrator, other employees, those volunteers under the direction of the licensee, and members of the household.**

(5) A licensee shall obtain written evidence, which shall be available for department review, that each direct care staff, other employees, and members of the household have been tested for communicable tuberculosis and that if the disease is present, appropriate precautions shall be taken as required by state law. Current testing shall be obtained before an individual's employment, assumption of duties, or occupancy in the home. The results of subsequent testing shall be verified every 3 years thereafter or more frequently if necessary.

FINDING: Direct care staff, Marie-Josee Akono Amouzou, did not have a current TB test as the last TB test in her file was dated, 11/15/2018. Consequently, she was not tested for TB every three years, as required.

The only TB test for direct care staff, Brian Eirosius, was dated 09/19/2024; despite Mr. Eirosius working in the facility for several years.

R 400.14207 **Required personnel policies.**

(2) The written policies and procedures identified in subrule (1) of this rule shall be given to employees and volunteers at the time of appointment. A verification of receipt of the policies and procedures shall be maintained in the personnel records.

FINDING: There was no verification of receipt of the licensee's policies and procedures for direct care staff, Marie-Josee Akono Amouzou.

R 400.14207 **Required personnel policies.**

(3) A licensee shall have a written job description for each position. The job description shall define the tasks, duties, and responsibilities of the position. Each employee and volunteer who is under the direction of the licensee shall receive a copy of his or her job description. Verification of

receipt of a job description shall be maintained in the individual's personnel record.

FINDING: There was no verification of receipt for a job description in direct care staff, Marie-Josée Akono Amouzou's, personnel file.

R 400.14208 Direct care staff and employee records.

(1) A licensee shall maintain a record for each employee. The record shall contain all of the following employee information:

(f) Verification of reference checks.

FINDING: There were no verification reference checks had been completed for newly hired staff, Kayla Ritzler and Carmene Gitare, as required.

The licensee must have a process to verify reference checks of each employee.

R 400.14301 Resident admission criteria; resident assessment plan; emergency admission; resident care agreement; physician's instructions; health care appraisal.

(4) At the time of admission, and at least annually, a written assessment plan shall be completed with the resident or the resident's designated representative, the responsible agency, if applicable, and the licensee. A licensee shall maintain a copy of the resident's written assessment plan on file in the home.

FINDING: Resident assessment plans were not being signed and dated by the required persons or had not been completed, as required.

- Resident A's assessment plan was dated 02/15/2024, but it was not signed by the appropriate persons.
- Resident B's assessment plan was dated 03/04/2024, but it was not signed by the appropriate persons.
- Resident C did not have an assessment plan available for review.

Signatures of the licensee, resident and/or resident's representative and responsible agency, demonstrate all required persons have participated in the development of the written assessment plan.

If the responsible agency refuses to sign the resident's written assessment plan, this should be noted on the assessment plan.

R 400.14306 Use of assistive devices.

(3) Therapeutic supports shall be authorized, in writing, by a licensed physician. The authorization shall state the reason for the therapeutic support and the term of the authorization.

FINDING: Multiple residents were utilizing a variety of assistive devices such as wheelchairs, walkers, and half bed rails; however, physician's orders documenting the reason and the terms of these authorizations were not available for review, as required.

"Assistive device" means the use of an item such as a pillow or pad or medically supplied therapeutic support that is intended to achieve or maintain the proper position, posture, or balance of a resident. An assistive device may also be an item that is intended to promote, achieve, or maintain the resident's independence. Anything that is used with the intent to restrain a resident and that does not permit the resident to remove the device by himself or herself is a restraint and is not an assistive device.

R 400.14310 Resident health care.

(3) A licensee shall record the weight of a resident upon admission and monthly thereafter. Weight records shall be kept on file for 2 years.

FINDING: Resident weights were not being recorded monthly, as required.

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.

FINDING: Direct care staff were not consistent in initialing the Medication Administration Records when resident medications were administered.

R 400.14315 Handling of resident funds and valuables.

(10) A licensee, administrator, direct care staff, other employees, volunteers under the direction of the licensee, and members of their families shall not accept, take, or borrow money or valuables from a resident, even with the consent of the resident.

FINDING: It was reported by the licensee designee, Ruby Abrego, Resident C gave former licensee designee, Wendy Morris, his debit card to withdraw funds to pay his monthly adult foster care payment; however, Ms. Morris withdrew more funds than agreed upon by Resident C. Ms. Morris did not return Resident C's debit card or the funds she withdrew without permission.

R 400.14315 Handling of resident funds and valuables.

(3) A licensee shall have a resident's funds and valuables transaction form completed and on file for each resident. A department form shall be used unless prior authorization for a substitute form has been granted, in writing, by the department.

FINDING: Resident adult foster care payments were not recorded on the Resident Funds II form, as required.

Resident B did not have a signed and completed Resident Funds I form, as required.

R 400.14316

Resident records.

(1) A licensee shall complete, and maintain in the home, a separate record for each resident and shall provide record information as required by the department. A resident record shall include, at a minimum, all of the following information:

(a) Identifying information, including, at a minimum, all of the following:

(i) Name.

(ii) Social security number, date of birth, case number, and marital status.

(iii) Former address.

(iv) Name, address, and telephone number of the next of kin or the designated representative.

(v) Name, address, and telephone number of the person and agency responsible for the resident's placement in the home.

(vi) Name, address, and telephone number of the preferred physician and hospital.

(vii) Medical insurance.

(viii) Funeral provisions and preferences.

(ix) Resident's religious preference information.

FINDING: Resident D's file did not include the identifying above information.

R 400.14318

Emergency preparedness; evacuation plan; emergency transportation.

(5) A licensee shall practice emergency and evacuation procedures during daytime, evening, and sleeping hours at least once per quarter. A record of the practices shall be maintained and be available for department review.

FINDING: The facility's fire drills did not include any sleeping hour drills, at least once per quarter, as required. The licensee designee, Ms. Abrego, stated the facility's overnight staff was documenting the overnight drills as "12 pm" when they should have been 12 am.

R 400.14401

Environmental health.

(4) All garbage and rubbish that contains food wastes shall be kept in leakproof, nonabsorbent containers. The containers shall be kept covered with tight-fitting lids and

shall be removed from the home daily and from the premises at least weekly.

FINDING: The garbage can in the facility's kitchen did not have on a tight-fitting lid during the inspection.

R 400.14403 Maintenance of premises.

(2) Home furnishings and housekeeping standards shall present a comfortable, clean, and orderly appearance.

FINDING: The vent beneath the furnace door was rusted and in need of replacement.

R 400.14403 Maintenance of premises.

(5) Floors, walls, and ceilings shall be finished so as to be easily cleanable and shall be kept clean and in good repair.

FINDING: Multiple floors throughout the facility needed repair. Duct tape was observed on the floor between the kitchen and hallway and on the carpet/floor in the facility's hallway. The duct tape needs to be removed and the flooring needs to be repaired.

The vinyl flooring outside of the facility's bathroom, near the furnace, was in disrepair. An approximate two foot by one inch section of flooring was damaged near the furnace while an approximate 2-3 inch section of flooring was missing near the baseboard by the nightlight in the hallway.

An approximate one foot by one inch section of flooring in the facility's main bathroom was also damaged and in need of repair.

The flooring around the toilet in the en-suite bathroom was soft and in disrepair. Sections of this vinyl flooring was cracked and broken.

R 400.14407 Bathrooms.

(3) Bathrooms shall have doors. Only positive-latching, non-locking against-egress hardware may be used. Hooks and eyes, bolts, bars, and other similar devices shall not be used on bathroom doors.

FINDING: There was no door on the en-suite bathroom, as required.

R 400.14511 Flame-producing equipment; enclosures.

(4) Combustible materials shall not be stored in rooms that contain heating equipment, a water heater, an incinerator, or other flame-producing equipment.

FINDING: Combustible materials are being stored in the same enclosure as the water heater including the plastic medication cabinet, cardboard boxes, liquids, food, papers and other plastic storage bins.

Combustible materials refer to those materials which catch fire, burn, or smolder, when subjected to various degrees of heat. Such materials would include, but are not limited to, flammable liquids, paper, cloth, wood, plastic, vinyl, leather, etc. Storage of combustibles is not permitted in one-hour rated enclosures.

IV. RECOMMENDATION

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

Cathy Cushman

09/26/2024

Date

Licensing Consultant