



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
DIRECTOR

July 18, 2024

Gwendolyn Moore
Amazing Grace Home, LLC
8458 E. G. Avenue
Kalamazoo, MI 49048

RE: License #: AS390380564
Amazing Grace Home, LLC
4441 Old Colony Road
Kalamazoo, MI 49008

Dear Gwendolyn Moore:

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 signature is written in a cursive, flowing style.

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 #: AS390380564

Licensee Name: Amazing Grace Home, LLC

Licensee Address: 4441 Old Colony Road
Kalamazoo, MI 49008

Licensee Telephone #: (269) 312-8858

Licensee Designee: Gwendolyn Moore

Administrator: Gwendolyn Moore

Name of Facility: Amazing Grace Home, LLC

Facility Address: 4441 Old Colony Road
Kalamazoo, MI 49008

Facility Telephone #: (269) 312-8858

Original Issuance Date: 02/17/2016

Capacity: 6

Program Type: PHYSICALLY HANDICAPPED
DEVELOPMENTALLY DISABLED
MENTALLY ILL
TRAUMATICALLY BRAIN INJURED
ALZHEIMERS
AGED

II. METHODS OF INSPECTION

Date of On-site Inspection: 07/18/2024

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 3
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:

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.**

(3) A licensee shall maintain, in the home, and make available for department review, a statement that is signed by a licensed physician or his or her designee attesting to the physician's knowledge of the physical health of direct care staff, other employees, and members of the household. The statement shall be obtained within 30 days of an individual's employment, assumption of duties, or occupancy in the home.

FINDING: Statements signed by licensed physicians or his or her designee attesting to the physician's knowledge of the physical health of direct care staff were not obtained for direct care staff, Demesha Robinson or Elfreidia Lanier, within 30 days of their employment or assumption of duties. Ms. Robinson was hired on 02/21/2023; however, her initial medical wasn't completed until 04/12/2023. Additionally, Ms. Lanier was hired on 02/05/2023; however, her initial medical was completed until 05/24/2023.

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

(6) *At the time of a resident's admission, a licensee shall complete a written resident care agreement. A resident care agreement is the document which is established between the resident or the resident's designated representative, the responsible agency, if applicable, and the licensee and which specifies the responsibilities of each party. A resident care agreement shall include all of the following:*

(a) An agreement to provide care, supervision, and protection, and to assure transportation services to the

resident as indicated in the resident's written assessment plan and health care appraisal.

(b) A description of services to be provided and the fee for the service.

(c) A description of additional costs in addition to the basic fee that is charged.

(d) A description of the transportation services that are provided for the basic fee that is charged and the transportation services that are provided at an extra cost.

(e) An agreement by the resident or the resident's designated representative or responsible agency to provide necessary intake information to the licensee, including health-related information at the time of admission.

(f) An agreement by the resident or the resident's designated representative to provide a current health care appraisal as required by subrule (10) of this rule.

(g) An agreement by the resident to follow the house rules that are provided to him or her.

(h) An agreement by the licensee to respect and safeguard the resident's rights and to provide a written copy of these rights to the resident.

(i) An agreement between the licensee and the resident or the resident's designated representative to follow the home's discharge policy and procedures.

(j) A statement of the home's refund policy. The home's refund policy shall meet the requirements of R 400.14315.

(k) A description of how a resident's funds and valuables will be handled and how the incidental needs of the resident will be met.

(l) A statement by the licensee that the home is licensed by the department to provide foster care to adults.

FINDING: Resident A's *Resident Care Agreement (RCA)* was not available for review during the inspection.

At the time of a resident's admission, a licensee shall complete a written resident care agreement.

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

(9) A licensee shall review the written resident care agreement with the resident or the resident's designated representative and responsible agency, if applicable, at least annually or more often if necessary.

FINDING: Resident C's *Resident Care Agreement (RCA)* was last reviewed in June 2023. Subsequently, his RCA was not completed on an annual basis, as required.

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: Residents were using the following assistive devices; however, physician's orders for these devices were not available for review during the inspection:

- Resident B – bed rails
- Resident C – bed rails and wheelchair

Physician's orders for assistive devices shall state the reason for the device/support and the term of the authorization.

R 400.14312 Resident medications.

(2) Medication shall be given, taken, or applied pursuant to label instructions.

FINDING: Resident B's July Medication Administration Record (MAR) had the medication, Tramadol HCL 50 mg, listed as a PRN or as needed medication; however, this medication was not available in the medication cart for administration. The licensee designee, Ms. Moore, stated the medication was prescribed when Resident B had surgery approximately 9 months ago. She indicated she would contact the prescribing physician and get the medication discontinued.

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: There was no *Resident Funds I* form for Resident A available for review.

R 400.14318 Emergency preparedness; evacuation plan; emergency transportation.

(2) An evacuation plan shall, at a minimum, include a floor plan that specifies the locations of evacuation routes and the exiting route to be followed in case of fire.

FINDING: The facility's evacuation plan did not include an updated and current floor plan specifying the locations of evacuation routes and exiting route that should be followed in case of fire.

R 400.14403 Maintenance of premises.

(1) A home shall be constructed, arranged, and maintained to provide adequately for the health, safety, and well-being of occupants.

FINDING: Multiple oxygen tanks were being stored in the facility's family/living area. A one (1) day supply (or one canister if the canister holds more than a one-day supply) is permitted in the room where it is being used. Oxygen in excess of a one (1) day supply is to be stored in a separate room used for no other purpose or storage. A rack or fastening device must be used to protect cylinders from accidental damage or from falling over.

Extra flooring boxes were being stored in Resident B's bedroom. Additionally, there were numerous wheelchairs, walker, and other assistive devices being stored in the facility's common areas and resident bedrooms.

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: All bathroom doors within the facility were locking against egress.

Non-locking against egress hardware is hardware that can be opened from inside of a room with a single motion, such as a turn of a knob or push of a handle, even if the door itself is locked.

R 400.14408 Bedrooms generally.

(4) Interior doorways of bedrooms that are occupied by residents shall be equipped with a side-hinged, permanently mounted door that is equipped with positive-latching, non-locking-against-egress hardware.

FINDING: All resident bedroom doors were locking against egress.

Non-locking against egress hardware is hardware that can be opened from inside of a room with a single motion, such as a turn of a knob or push of a handle, even if the door itself is locked.

R 400.14507 Means of egress generally.

(5) A door that forms a part of a required means of egress shall be not less than 30 inches wide and shall be equipped with positive-latching, non-locking-against-egress hardware.

FINDING: The storm door on the north side of the facility was locking against egress. This door is one of the facility's wheelchair accessible exits.

R 400.14511 Flame-producing equipment; enclosures.

(1) If the heating plant is located in the basement of a small group home, standard building material may be used for the floor separation. Floor separation shall also include at least 1 3/4-inch solid core wood door or equivalent to create a floor separation between the basement and the first floor.

FINDING: The facility's fire door was not self-closing, as required.

R 400.14512 Electrical service.

(1) The electrical service of a home shall be maintained in a safe condition.

FINDING: Numerous extension cords were observed throughout the facility including the living room, foyer, family room and resident bedrooms. A power strip was observed plugged into another power strip in the facility's foyer/sitting area. The use of extension cords and plugging power strips/extension cords into power strips is prohibited.

IV. RECOMMENDATION

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



07/18/2024

Licensing Consultant

Date