



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
DIRECTOR

October 7, 2024

Heather Watt
Westgate Living Center
1500 N Lowell St.
Ironwood, MI 49938

RE: License #: AH270236923
Westgate Living Center
1500 N Lowell St.
Ironwood, MI 49938

Dear Licensee:

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 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 877-458-2757.

Sincerely,

Jessica Rogers, Licensing Staff
Bureau of Community and Health Systems
611 W. Ottawa Street
P.O. Box 30664
Lansing, MI 48909
(517) 285-7433
enclosure

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

I. IDENTIFYING INFORMATION

License #:	AH270236923
Licensee Name:	Atrium Ironwood LLC
Licensee Address:	Suite 200 2550 Corporate Exchange Columbus, OH 43231
Licensee Telephone #:	(614) 416-0600
Administrator/Authorized Representative:	Heather Watt
Name of Facility:	Westgate Living Center
Facility Address:	1500 N Lowell St. Ironwood, MI 49938
Facility Telephone #:	(906) 932-3867
Original Issuance Date:	05/01/1999
Capacity:	34
Program Type:	AGED

II. METHODS OF INSPECTION

Date of On-site Inspection(s): 10/04/2024

Date of Bureau of Fire Services Inspection if applicable: 01/26/2024

Inspection Type: Interview and Observation Worksheet
 Combination

Date of Exit Conference: 10/07/2024

No. of staff interviewed and/or observed 8

No. of residents interviewed and/or observed 6

No. of others interviewed One Role A resident's family member

- 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.
Bureau of Fire Services reviews fire drills. Disaster plan reviewed.
- 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: CAP dated 10/14/2022 to Renewal LSR dated 10/3/2022: R 325.1922(5) and R 325.1954
- CAP dated 8/14/2024 to SIR 2024A0585058 dated 7/31/2024: R 325.1931(2)
- Number of excluded employees followed up? N/A

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

This facility was found to be in non-compliance with the following rules:

R 325.1921 Governing bodies, administrators, and supervisors.

(1) The owner, operator, and governing body of a home shall do all of the following:

(b) Assure that the home maintains an organized program to provide room and board, protection, supervision, assistance, and supervised personal care for its residents.

R 325.1901 Definitions.

Rule 1. As used in these rules:

(p) "Protection" means the continual responsibility of the home to take reasonable action to ensure the health, safety, and well-being of a resident as indicated in the resident's service plan, including protection from physical harm, humiliation, intimidation, and social, moral, financial, and personal exploitation while on the premises, while under the supervision of the home or an agent or employee of the home, or when the resident's service plan states that the resident needs continuous supervision.

Administrator and authorized representative Heather Watt stated there were three assisted living residents with bedside assistive devices often referred to as “grab bars.”

Observations of Residents A, B, and C’s bedside assist devices revealed they were secured tightly to the bed frame. Residents A and C each had one grab bar on the open side of their beds, while Resident B had two grab bars. On all the grab bars, there was a curved handle at the top of it which had two spaces large enough where a residents’ extremity could become entrapped.

Ms. Watt stated the facility maintained the manufacturer guidelines for bedside assist devices.

Resident A’s file did not contain a physician's order for the bedside assist device. Residents B and C’s files included a physician's order for bilateral enabler bars; however, Resident C only had one grab bar, and the orders did not specify the reason for use.

Review of Resident A, B and C’s service plans revealed they omitted or lacked sufficient information for specific use, care, and maintenance of the devices including a means for the resident to summon staff, methods for on-going monitoring of the resident, methods of monitoring the equipment by trained staff for maintenance of the device and for monitoring measurements of gaps to protect the resident from the possibility of physical harm related to entrapment, entanglement, strangulation, etc.

Given the observations listed above and the lack of an organized plan the facility has not provided reasonable protective measures to ensure resident well-being and safety during the use of a bedside assistive device.

VIOLATION ESTABLISHED.

R 325.1923 Employee's health.

(2) A home shall provide initial tuberculosis screening at no cost for its employees. New employees shall be screened within 10 days of hire and before occupational exposure. 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. Each 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 need to conduct annual TB testing for employees.

Review of Employee #1's file revealed her date of hire, and her TB test was administered on 10/1/2024. Interview with administrator and authorized representative Heather Watt stated Employee #1 started on 9/16/2024. Nonetheless, Employee #1's TB test was not in compliance with this rule.

VIOLATION ESTABLISHED.

R 325.1931 Employees; general provisions.

(6) The home shall establish and implement a staff training program based on the home's program statement, the residents service plans, and the needs of employees, such as any of the following:

- (a) Reporting requirements and documentation.**
- (b) First aid and/or medication, if any.**
- (c) Personal care.**
- (d) Resident rights and responsibilities.**
- (e) Safety and fire prevention.**
- (f) Containment of infectious disease and standard precautions.**
- (g) Medication administration, if applicable.**

Interview with Ms. Watt revealed employees completed a training checklist for personal care. Review of Employees #1, #2, and #3's files revealed they lacked personal care training checklist.

VIOLATION ESTABLISHED.

R 325.1976 Kitchen and dietary.

(13) A multi-use utensil used in food storage, preparation, transport, or serving shall be thoroughly cleaned and sanitized after each use and shall be handled and stored in a manner which will protect it from contamination.

Review of the September 2024 dishwasher temperature and three compartment sink sanitation logs revealed staff were to complete each log three times per day with meals; however, the logs were incomplete for one or more meals.

VIOLATION ESTABLISHED.

IV. RECOMMENDATION

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

Jessica Rogers

10/07/2024

Licensing Consultant

Date