

GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS LANSING

MARLON I. BROWN, DPA DIRECTOR

October 21, 2024

Threasa Cason Loving Joy Assisted Living Inc 1089 Dyemeadow Lane Flint, MI 48532

RE: License #:	
	Loving Joy Assisted Living Inc
	1089 Dyemeadow Lane
	Flint, MI 48532

Dear Threasa Cason:

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) 643-7960.

Sincerely,

Susan Hutchinson, Licensing Consultant Bureau of Community and Health Systems

Dusan Hutchinson

611 W. Ottawa Street

P.O. Box 30664 Lansing, MI 48909

(989) 293-5222

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

I. IDENTIFYING INFORMATION

License #:	AS250317731
I No	
Licensee Name:	Loving Joy Assisted Living Inc
Licensee Address:	1089 Dyemeadow Lane Flint, MI 48532
Licensee Telephone #:	(810) 213-7161
Licensee/Licensee Designee:	Threasa Cason
Administrator:	Threasa Cason
Name of Facility:	Loving Joy Assisted Living Inc
Facility Address:	1089 Dyemeadow Lane Flint, MI 48532
Facility Telephone #:	(810) 407-6687
Original Issuance Date:	06/14/2012
Capacity:	6
Program Type:	PHYSICALLY HANDICAPPED DEVELOPMENTALLY DISABLED MENTALLY ILL AGED ALZHEIMERS

II. METHODS OF INSPECTION

Date	e of On-site Inspection(s):	10/16/2	024	
Date	e of Bureau of Fire Services Inspection if appl	icable:	N/A	
Date	e of Health Authority Inspection if applicable:		N/A	
No.	of staff interviewed and/or observed of residents interviewed and/or observed of others interviewed 0 Role: N/A		2 4	
•	Medication pass / simulated pass observed?	Yes 🖂	No 🗌 If no, explain.	
•	Medication(s) and medication record(s) revie	wed? Y	es 🛭 No 🗌 If no, explain.	
•	Resident funds and associated documents reviewed for at least one resident? Yes \boxtimes No \square If no, explain. Meal preparation / service observed? Yes \square No \boxtimes If no, explain. My inspection did not take place during a mealtime. Fire drills reviewed? Yes \boxtimes No \square If no, explain.			
•	Fire safety equipment and practices observe	d? Yes	⊠ No lf no, explain.	
•	E-scores reviewed? (Special Certification On If no, explain. Water temperatures checked? Yes ⊠ No □	•		
•	Incident report follow-up? Yes ⊠ No ☐ If i	no, expla	ain.	
•	Corrective action plan compliance verified? 11/16/22: R 400.14316(1), R 400.14507(6) N Number of excluded employees followed-up?	I/A 🔲	CAP date/s and rule/s: 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 400.14204	Direct care staff; qualifications and training.
	(2) Direct care staff shall possess all of the following qualifications:
	(a) Be suitable to meet the physical, emotional, intellectual, and social needs of each resident.
that they have be	vinspection, I noted that two employees did not have documentation een fingerprinted through the workforce background check site. All have valid fingerprints and documentation kept in their employee
R 400.14301	Resident admission criteria; resident assessment plan; emergency admission; resident care agreement; physician's instructions; health care appraisal.
	(10) At the time of the resident's admission to the home, a licensee shall require that the resident or the resident's designated representative provide a written health care appraisal that is completed within the 90-day period before the resident's admission to the home. A written health care appraisal shall be completed at least annually. If a written health care appraisal is not available at the time of an emergency admission, a licensee shall require that the appraisal be obtained not later than 30 days after
	admission. A department health care appraisal form shall be used unless prior authorization for a substitute form has been granted, in writing, by the department.
,	r inspection, I noted that Resident A's health care appraisal was All resident health care appraisals must be completed annually or
R 400.14312	Resident medications.
	(1) Prescription medication, including dietary supplements, or individual special medical procedures shall be given, taken, or applied only as prescribed by a licensed physician or dentist. Prescription medication shall be kept in the original pharmacy-supplied container, which shall be labeled for the specified resident in accordance with the requirements of Act

No. 368 of the Public Acts of 1978, as amended, being
S333.1101 et seq. of the Michigan Compiled Laws, kept with the
equipment to administer it in a locked cabinet or drawer, and
refrigerated if required.

At the time of my inspection, I noted that some of the prescription medication that was being kept in the refrigerator was not in a locked container. All prescription medications must be kept in a locked container and refrigerated if necessary.

IV. RECOMMENDATION

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

Dusan Hutchinson	10/21/24
Susan Hutchinson	Date
Licensing Consultant	