

GRETCHEN WHITMER
GOVERNOR

## STATE OF MICHIGAN DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS LANSING

MARLON I. BROWN, DPA DIRECTOR

October 24, 2024

Shanell Hughes Gull Arbor Senior Living, Inc. 7788 E. DE Richland, MI 49083

RE: License #: AS390295180

Gull Arbor Senior Living, Inc. 7788 East "DE" Ave. Richland, MI 49083

#### Dear Shanell Hughes:

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,

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 #:** AS390295180

**Licensee Name:** Gull Arbor Senior Living, Inc.

Licensee Address: 7788 E. DE

Richland, MI 49083

**Licensee Telephone #:** (269) 629-3178

Licensee Designee: Shanell Hughes

Administrator: Shanell Hughes

Name of Facility: Gull Arbor Senior Living, Inc.

**Facility Address:** 7788 East "DE" Ave.

Richland, MI 49083

**Facility Telephone #:** (269) 629-3178

Original Issuance Date: 05/07/2008

Capacity: 6

Program Type: AGED

### II. METHODS OF INSPECTION

Date	e of On-site Inspection: 10/23/2024
Date	e of Bureau of Fire Services Inspection if applicable: N/A
Date	e of Health Authority Inspection if applicable: 07/17/2024
No.	of staff interviewed and/or observed 2 of residents interviewed and/or observed 6 of others interviewed 1 Role: Licensee Designee
•	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 $\boxtimes$ No $\square$ If no, explain.  Meal preparation / service observed? Yes $\boxtimes$ No $\square$ 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 400.14306 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 observed with assistive devices and therapeutic supports like walkers and half bed rails; however, physician's orders stating the reasons for these devices and the terms of their authorizations were not available for review, as required.

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:** Adult foster care (AFC) payments were not being recorded on the Resident Funds II form, as required. The licensee utilizes an electronic system to track AFC payments; however, a variance has not been submitted or approved to utilize such a system.

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 facility's front screen/storm door was locking against egress.

R 400.14507 Means of egress generally.

(2) A means of egress shall be arranged and maintained to provide free and unobstructed egress from all parts of a small group home.

**FINDING:** The bedroom suite on the North end of the facility has a living room with a sliding door and an egress door. The egress door leads to a hallway and a door directly to the outside. During the inspection, the two means of egress in the living room were obstructed. The sliding door was not only locking against egress, but there was also a wedge in the door (preventing it from being opened), and a chair was directly in front of the egress door to the hallway.

Either the sliding door latching/locking mechanism needs to be changed so it is non locking against egress and the wedge needs to be removed, or the chair in front of the door leading to the hallway needs to be removed allowing unobstructed egress to the outside of the facility in the event of an emergency.

R 400.14512 Electrical service.

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

**FINDING:** Extension cords were observed in multiple resident bedrooms. Extension cords are prohibited.

#### IV. RECOMMENDATION

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

Costry Cuchman		
0	10/24/2024	
Licensing Consultant		Date