



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
DIRECTOR

November 19, 2024

Laura Ditch
3375 West Walton Blvd.
Waterford, MI 48329

RE: License #: AF630381043
Standish Home for the Elderly
3375 West Walton Blvd.
Waterford, MI 48329

Dear Ms. Ditch:

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 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 (248) 975-5053.

Sincerely,

A handwritten signature in black ink that reads "Johnna Cade". The signature is written in a cursive, flowing style.

Johnna Cade, Licensing Consultant
Bureau of Community and Health Systems
Cadillac Place
3026 W. Grand Blvd. Ste 9-100
Detroit, MI 48202
Phone: 248-302-2409

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

I. IDENTIFYING INFORMATION

License #:	AF630381043
Licensee Name:	Laura Ditch
Licensee Address:	3375 West Walton Blvd. Waterford, MI 48329
Licensee Telephone #:	(248) 636-3619
Administrator:	Laura Ditch
Name of Facility:	Standish Home for the Elderly
Facility Address:	3375 West Walton Blvd. Waterford, MI 48329
Facility Telephone #:	(248) 636-3619
Original Issuance Date:	05/27/2016
Capacity:	6
Program Type:	PHYSICALLY HANDICAPPED AGED ALZHEIMERS

II. METHODS OF INSPECTION

Date of On-site Inspection(s): 11/19/2024

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 5

No. of others interviewed 1 Role: Licensee

- 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.
There are no incidents to follow up on.
- 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.

During the onsite inspection completed on 11/19/24, there was no workforce background check on file for responsible person Christina McClanahan and/or employees Sharon Glassbrook and Ashley Bayberry.

R 400.1405	Health of a licensee, responsible person, and member of the household.
	<p>Health of a licensee, responsible person, and member of the household.</p> <p>(1) A licensee, responsible person, and a member of the household shall be in such physical and mental health so as not to negatively affect either the health of the resident or the quality of his or her care.</p> <p>(3) A licensee shall provide the department with written evidence that he or she and each responsible person in the home is free from communicable tuberculosis. Verification shall be within the 3-year period before employment and verification shall occur every 3 years thereafter.</p>

During the onsite inspection completed on 11/19/24, licensee Laura Ditch stated that she contracts with an outside agency for staffing and employees Sharon Glassbrook and Ashley Bayberry work in this home on a contingent basis. Neither Sharon or Ashley had a physical or a tuberculosis test onsite and available for review.

R 400.1418	Resident medications.
	(2) Medication shall be given pursuant to label instructions.

During the onsite inspection completed on 11/19/24, I observed that Resident W is prescribed Senna Plus 8.6 – 50 mg – take one tablet by mouth daily at bedtime. The medication was listed on Resident W's November 2024 medication administration record and signed for indicating that it was administered to him however, the medication was not onsite.

R 400.1421	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.

During the onsite inspection completed on 11/19/24, Resident W's AFC Resident Care agreement dated 04/10/2024 indicated that his cost of care is \$3,500 monthly. However, on his Resident Funds part II form it indicates that he is paying \$4,500 monthly. I reviewed the receipts for Resident W's cost of care payments which concludes Resident W has paid the agreed upon amount of \$3,500 a month since April 2024. Licensee designee, Laura Ditch stated she wrote the wrong amount on the Resident Fund part II form.

R 400.1426	Maintenance of premises.
	(1) The premises shall be maintained in a clean and safe condition.

During the onsite inspection completed on 11/19/24, I observed that the clothes dryer is not vented to the outside with a metal vent.

IV. RECOMMENDATION

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



11/19/2024

Date

Licensing Consultant