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GOVERNOR

State of Michigan
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
Lansing

MARLON I. BROWN, DPA
DIRECTOR

October 10, 2024

June Mogg
The Fountain of Love, LLC
6064 E. Hovey Road
Rosebush, MI 48878

RE: License #: AS370313755
The Fountain of Love
6133 E. Vernon Road
Rosebush, MI 48878

Dear Ms. Mogg:

Attached is the Renewal Licensing Study Report for the facility referenced above. You have submitted an acceptable written corrective action plan addressing the violations cited in the report. To verify your implementation and compliance with this corrective action plan:

- You are to submit documentation of compliance by **10/31/2024**.
 - An updated MAR showing the PRN medications listed.
 - Health Care Appraisal for Resident B
 - Medical clearance for direct care staff member Ms. Harnick.
 - 16 hours of training for June Mogg submitted by **6/30/2025**.

Upon receipt of an approved application and fee, a regular license will be issued. 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 "Jennifer Browning". The script is cursive and fluid.

Jennifer Browning, Licensing Consultant
Bureau of Community and Health Systems
browningj1@michigan.gov - 989-444-9614

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

I. IDENTIFYING INFORMATION

License #:	AS370313755
Licensee Name:	The Fountain of Love, LLC
Licensee Address:	6064 E. Hovey Road Rosebush, MI 48878
Licensee Telephone #:	989-429-2193
Licensee Designee:	June Mogg
Administrator:	June Mogg
Name of Facility:	The Fountain of Love
Facility Address:	6133 E. Vernon Road Rosebush, MI 48878
Facility Telephone #:	(989) 433-0051
Original Issuance Date:	04/26/2012
Capacity:	6
Program Type:	PHYSICALLY HANDICAPPED ALZHEIMERS AGED

II. METHODS OF INSPECTION

Date of On-site Inspection(s): 10/09/2024

Date of Bureau of Fire Services Inspection if applicable: Not applicable

Date of Health Authority Inspection if applicable: 06/24/2024

No. of staff interviewed and/or observed 1

No. of residents interviewed and/or observed 4

No. of others interviewed 1 Role: licensee designee June Mogg

- 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. There are no personal funds on-site.
- Meal preparation / service observed? Yes No If no, explain.
The inspection was not done during meal times. The food at the facility appeared safe and free from spoilage and contamination, the food service equipment was in good repair, and the facility appeared equipped to prepare and serve adequate meals.
- 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 400.14201 **Qualifications of administrator, direct care staff, licensee, and members of household; provision of names of employee, volunteer, or member of household on parole or probation or convicted of felony; food service staff.**

(10) All members of the household, employees, and those volunteers who are under the direction of the licensee shall be suitable to assure the welfare of residents.

Direct care staff member Jamie Harnick's employee record did not include the letter from Michigan Workforce Background Check. Licensee designee Ms. Mogg was able to print this letter after the renewal appointment and it will be placed in the employee record.

REPEAT VIOLATION FROM LICENSING STUDY RENEWAL 10/20/22.

R 400.14203 **Licensee and administrator training requirements.**

(1) A licensee and an administrator shall complete the following educational requirements specified in subdivision (a) or (b) of this subrule, or a combination thereof, on an annual basis:

(a) Participate in, and successfully complete, 16 hours of training designated or approved by the department that is relevant to the licensee's admission policy and program statement.

(b) Have completed 6 credit hours at an accredited college or university in an area that is relevant to the licensee's admission policy and program statement as approved by the department.

Licensee designee June Mogg completed training hours for 2024 but did not complete 16 hours of training during 2023.

REPEAT VIOLATION FROM LICENSING STUDY RENEWALS 10/22/18, 10/15/20, 10/19/22.

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.

Direct care staff member Jamie Harnick's employee record did not include a medical clearance before beginning her employment at The Fountain of Love.

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.

Resident B's resident record did not include a Health Care Appraisal.

REPEAT VIOLATION FROM LICENSING STUDY RENEWAL 10/20/22.

R 400.14312 Resident medications.

(4) When a licensee, administrator, or direct care staff member supervises the taking of medication by a resident, he or she shall comply with all of the following provisions:

(b) Complete an individual medication log that contains all of the following information:

(i) The medication.

(ii) The dosage.

(iii) Label instructions for use.

(iv) Time to be administered.

(v) The initials of the person who administers the medication, which shall be entered at the time the medication is given.

(vi) A resident's refusal to accept prescribed medication or procedures.

Resident A's Ferrous Sulfate Elixir was not documented on the Medication Administration Record (MAR) and there was no documentation it has been given.

Resident B's MAR and review of medications had the following errors:

- Vitamin B12 2000 mg was expired in 2018.
- Vitamin C 500 mg was not listed on the MAR.
- Docusate Sodium and Fluticasone Propionate Nasal Spray which are both PRN medication were not listed on the MAR.

R 400.14318 Emergency preparedness; evacuation plan; emergency transportation.

(5) A licensee shall practice emergency and evacuation procedures during daytime, evening, and sleeping hours at least once per quarter. A record of the practices shall be maintained and be available for department review.

Although there was a fire drill for December 2023 during the daytime there was not a fire drill during the sleeping or evening hours during this quarter.

A corrective action plan was requested and approved on 10/09/2024. It is expected that the corrective action plan be implemented within the specified time frames as outlined in the approved plan. A follow-up evaluation may be made to verify compliance. Should the corrections not be implemented in the specified time, it may be necessary to reevaluate the status of your license.

IV. RECOMMENDATION

An acceptable corrective action plan has been received. Upon receipt of an approved application and fee, renewal of the license is recommended.

Jennifer Browning

Jennifer Browning
Licensing Consultant

10/10/2024

Date