



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
DIRECTOR

October 17, 2024

Marva Townsend
Caring Meadows Living Center, Inc.
1001 Lafayette SE
Grand Rapids, MI 49507

RE: License #: AS410309723
Vi's Garden
1171 Lafayette S.E.
Grand Rapids, MI 49507

Dear Ms. Townsend:

Attached is the Renewal Licensing Study Report for the facility referenced above. The study has determined substantial violations of applicable licensing statutes and administrative rules. The licensee has requested to voluntarily close the license. Therefore, voluntary closure is recommended.

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 (616) 356-0183.

Sincerely,

A handwritten signature in cursive script that reads "Anthony Mullins".

Anthony Mullins, Licensing Consultant
Bureau of Community and Health Systems
Unit 13, 7th Floor
350 Ottawa, N.W.
Grand Rapids, MI 49503

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

I. IDENTIFYING INFORMATION

License #: AS410309723

Licensee Name: Caring Meadows Living Center, Inc.

Licensee Address: 1001 Lafayette SE
Grand Rapids, MI 49507

Licensee Telephone #: (616) 475-5433

Licensee/Licensee Designee: Marva Townsend

Administrator: Marva Townsend

Name of Facility: Vi's Garden

Facility Address: 1171 Lafayette S.E.
Grand Rapids, MI 49507

Facility Telephone #: (616) 633-8284

Original Issuance Date: 03/10/2011

Capacity: 6

Program Type: PHYSICALLY HANDICAPPED
DEVELOPMENTALLY DISABLED
MENTALLY ILL
AGED

II. METHODS OF INSPECTION

Date of On-site Inspection(s): 10/14/2024

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 2

No. of residents interviewed and/or observed 5

No. of others interviewed 1 Role: Designee

- Medication pass / simulated pass observed? Yes No If no, explain.
No meds were scheduled to be passed during the onsite inspection.
- 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. N/A
- Meal preparation / service observed? Yes No If no, explain.
- Fire drills reviewed? Yes No If no, explain.
Ms. Townsend did not have fire drills on file during the onsite inspection.
- Fire safety equipment and practices observed? Yes No If no, explain.
- E-scores reviewed? (Special Certification Only) Yes No N/A
If no, explain. Ms. Townsend did not have E-scores on file during the onsite inspection.
- Water temperatures checked? Yes No If no, explain.
- Incident report follow-up? Yes No If no, explain.
N/A
- 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.

Finding: On 10/14/24, I conducted a renewal inspection and discovered the licensee, Marva Townsend did not have background checks on file for staff members Katina Thomas

and Carol McCoy. Ms. Townsend called me approximately 45 minutes prior to the renewal inspection requesting for it to be delayed 1 hour due to an emergency. Due to scheduling conflicts, I was unable to accommodate Ms. Townsend's request. However, I did offer to complete the inspection sometime over the next 2-3 days, but Ms. Townsend stated she would try to make it on time for the 2:00pm scheduled appointment. Ms. Townsend stated that she forgot to bring the staff files with her to the inspection. Ms. Townsend was given the option to submit the documentation at a later date. Instead, on 10/17/24, Ms. Townsend sent an email requesting to voluntarily close her license after she serves residents and their guardians with a 30-day discharge notice.

R 400.14204

Direct care staff; qualifications and training.

(3) A licensee or administrator shall provide in-service training or make training available through other sources to direct care staff. Direct care staff shall be competent before performing assigned tasks, which shall include being competent in all of the following areas:

- (a) Reporting requirements.**
- (b) First aid.**
- (c) Cardiopulmonary resuscitation.**
- (d) Personal care, supervision, and protection.**
- (e) Resident rights.**
- (f) Safety and fire prevention.**
- (g) Prevention and containment of communicable diseases.**

Finding: During my inspection on 10/14/24, the licensee, Marva Townsend did not have CPR/First Aid certifications on file for staff members Katina Thomas and Carol McCoy. Ms. Townsend stated that she forgot to bring the staff files with her to the inspection. Ms. Townsend was given the option to submit the documentation at a later date. Instead, on 10/17/24, Ms. Townsend sent an email requesting to voluntarily close her license after she serves residents and their guardians with a 30-day discharge notice.

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.

(4) A licensee shall provide the department with written evidence that he or she and the administrator have been tested for communicable tuberculosis and that if the disease is present, appropriate precautions shall be taken. The results of subsequent testing shall be verified every 3 years thereafter.

Finding: On 10/14/24, the licensee, Marva Townsend did not have verification of a completed TB test on file within the last 3 years. Ms. Townsend stated that she forgot to bring the staff files with her to the inspection. Ms. Townsend was given the option to submit the documentation at a later date. Instead, on 10/17/24, Ms. Townsend sent an email requesting to voluntarily close her license after she serves residents and their guardians with a 30-day discharge notice.

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.

(5) A licensee shall obtain written evidence, which shall be available for department review, that each direct care staff, other employees, and members of the household have been tested for communicable tuberculosis and that if the disease is present, appropriate precautions shall be taken as required by state law. Current testing shall be obtained before an individual's employment, assumption of duties, or occupancy in the home. The results of subsequent testing shall be verified every 3 years thereafter or more frequently if necessary.

Finding: On 10/14/24, the licensee, Marva Townsend did not have verification of completed TB tests on file for staff members Katina Thomas and Carol McCoy. Ms. Townsend stated that she forgot to bring the staff files with her to the inspection. Ms. Townsend was given the option to submit the documentation at a later date. Instead, on 10/17/24, Ms. Townsend sent an email requesting to voluntarily close her license after she serves residents and their guardians with a 30-day discharge notice.

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.

Finding: On 10/14/24, Resident A did not have a health care appraisal on file during the onsite inspection. Ms. Townsend stated that she forgot to bring Resident A's file with her to the inspection. Ms. Townsend was given the option to submit the documentation at a later date. Instead, on 10/17/24, Ms. Townsend sent an email requesting to voluntarily close her license after she serves residents and their guardians with a 30-day discharge notice.

R 400.14301

Resident admission criteria; resident assessment plan; emergency admission; resident care agreement; physician's instructions; health care appraisal.

(4) At the time of admission, and at least annually, a written assessment plan shall be completed with the resident or the resident's designated representative, the responsible agency, if applicable, and the licensee. A licensee shall maintain a copy of the resident's written assessment plan on file in the home.

Finding: On 10/14/24, Resident A did not have a completed assessment plan on file during the onsite inspection. Ms. Townsend stated that she forgot to bring Resident A's file with her to the inspection. Ms. Townsend was given the option to submit the documentation at a later date. Instead, on 10/17/24, Ms. Townsend sent an email requesting to voluntarily close her license after she serves residents and their guardians with a 30-day discharge notice.

R 400.14301

Resident admission criteria; resident assessment plan; emergency admission; resident care agreement; physician's instructions; health care appraisal.

(9) A licensee shall review the written resident care agreement with the resident or the resident's designated representative and responsible agency, if applicable, at least annually or more often if necessary.

Finding: On 10/14/24, Resident A did not have a completed resident care agreement on file during the onsite inspection. Ms. Townsend stated that she forgot to bring Resident A's file with her to the inspection. Ms. Townsend was given the option to submit the documentation at a later date. Instead, on 10/17/24, Ms. Townsend sent an email requesting to voluntarily close her license after she serves residents and their guardians with a 30-day discharge notice.

R 400.14310

Resident health care.

(3) A licensee shall record the weight of a resident upon admission and monthly thereafter. Weight records shall be kept on file for 2 years.

Finding: On 10/14/24, there were no weight records on for Resident A during the onsite inspection. Ms. Townsend stated that she forgot to bring Resident A's file with her to the inspection. Ms. Townsend was given the option to submit the documentation at a later date. Instead, on 10/17/24, Ms. Townsend sent an email requesting to voluntarily close her license after she serves residents and their guardians with a 30-day discharge notice.

R 400.14312

Resident medications.

(2) Medication shall be given, taken, or applied pursuant to label instructions.

Finding: On 10/14/24, I reviewed Resident A's Medication Administration Record (MAR) and noticed that Resident A did not receive his 12:00pm Buspirone Tab 5MG & 10MG medications from 10/1/24 through 10/14/24. Staff member Carol McCoy stated that Resident A attends Day Program daily, which is why he doesn't take the medication. I informed Ms. McCoy

and Ms. Townsend that staff are responsible for ensuring that Resident A's medications are sent with him to Day Program so he can take them as scheduled.

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:

(a) Be trained in the proper handling and administration of medication.

(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.

(c) Record the reason for each administration of medication that is prescribed on an as needed basis.

(d) Initiate a review process to evaluate a resident's condition if a resident requires the repeated and prolonged use of a medication that is prescribed on an as needed basis. The review process shall include the resident's prescribing physician, the resident or his or her designated representative, and the responsible agency.

(e) Not adjust or modify a resident's prescription medication without instructions from a physician or a pharmacist who has knowledge of the medical needs of the resident. A licensee shall record, in writing, any instructions regarding a resident's prescription medication.

(f) Contact the appropriate health care professional if a medication error occurs or when a resident refuses prescribed medication or procedures and follow and record the instructions given.

Finding: On 10/14/24, I observed Resident A, Resident B, and Resident C's MARs during the renewal inspection. I noticed that staff did not properly document Resident A's refusal of Lisinopril Tab 10MG and Methylphenid Tab 20MG from 10/1/24 through 10/14/24. Ms. McCoy stated that Resident A always refuses the

medications, and she was informed that it needs to be documented daily.

I noticed that Resident B's MAR was not initialed for her 12:00 pm Methylphenid Tab 10MG tablet on 10/14/24. I also noticed that Resident C's MAR was not initialed for his 12:00pm and 8:00pm Hydroxyz Pam Cap 50MG capsule on 10/13/24 and his 12:00pm dose on 10/14/24. Despite forgetting to initial the MAR, Ms. McCoy was adamant that all residents receive their medications as prescribed unless they refuse.

NOTE: This is a repeat violation from Special Investigation #2024A0467023.

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.

Finding: The licensee did not have fire drills onsite for review during the onsite inspection. Ms. Townsend stated that she forgot to bring the fire drills with her to the inspection. Ms. Townsend was given the option to submit the documentation at a later date. Instead, on 10/17/24, Ms. Townsend sent an email requesting to voluntarily close her license after she serves residents and their guardians with a 30-day discharge notice.

R 400.14402

Food service.

(3) All perishable food shall be stored at temperatures that will protect against spoilage. All potentially hazardous food shall be kept at safe temperatures. This means that all cold foods are to be kept cold, 40 degrees Fahrenheit or below, and that all hot foods are to be kept hot, 140 degrees Fahrenheit or above, except during periods that are necessary for preparation and service. Refrigerators and freezers shall be equipped with approved thermometers.

Finding: On 10/14/24, the licensee did not have thermometers in two freezers in the home that contain resident food items. Ms.

Townsend stated she did not know of the whereabouts of the thermometers but stated she would add new ones.

R 400.14403

Maintenance of premises.

(1) A home shall be constructed, arranged, and maintained to provide adequately for the health, safety, and well-being of occupants.

Finding: While inspecting the home on 10/14/24, I observed the basement of the home had fecal matter on the ledge of the stairs. The basement also had a foul odor similar to a decomposing animal or rodent. Ms. Townsend stated that there was a cat in the basement at one point, which is likely where the feces came from. Ms. Townsend was unsure as to where the decomposing smell was coming from, but stated she would address the concern.

R 400.14509

Means of egress; wheelchairs.

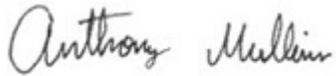
(2) The slope of the ramp shall not be more than 1 foot of rise in 12 feet of run and shall terminate on a firm surface or solid unobstructed ground which will allow the wheelchair occupant to move a safe distance away from the building. Ramps shall have handrails on the open sides and be constructed in accordance with the requirements specified in Section 816.0 of the BOCA National Building Code, 1990, eleventh edition.

Finding: During my inspection on 10/14/24, I observed the handrails on the ramp located on the side of the home are in disrepair with exposed nails. In addition, the handrails are starting to detach from the ramp. The wood boards are also starting to sink in. Ms. Townsend observed these issues and she was made aware that they must be addressed.

IV. RECOMMENDATION

The renewal inspection has led to the facility being cited for the above-referenced quality-of-care violations, one of which is a repeat violation from SIR # 2024A0467023 that led to the facility being placed on a provisional license. On 10/17/24, licensee designee, Marva Townsend sent an email stating that due to personal and health

concerns, she is requesting to voluntarily close the license. Ms. Townsend stated that she is providing families and guardians with a 30-day notice to relocate. LARA will accept Ms. Townsend's voluntarily closure as an acceptable corrective action plan and close the facility's license after the 30-day discharge notice expires for all residents.



10/17/24

Anthony Mullins
Licensing Consultant

Date

Reviewed by:



10/17/24

Jerry Hendrick
Area Manager

Date