



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

MARLON I. BROWN, DPA  
DIRECTOR

September 6, 2024

Sheryl James  
Island City Assisted Living  
1507 Kyle Ave.  
Eaton Rapids, MI 48827

RE: License #:	AH230298361 <b>Island City Assisted Living</b> <b>1507 Kyle Ave.</b> <b>Eaton Rapids, MI 48827</b>
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Dear Sheryl James:

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 home for the aged authorized representative and a date.

Upon receipt of an acceptable corrective action plan, a regular license will be issued. If you fail to submit an acceptable corrective action plan, disciplinary action will result. Please review the enclosed documentation for accuracy and contact me with any questions. In the event that I am not available and you need to speak to someone immediately, please feel free to contact the local office at (517) 284-9730.

Sincerely,

Kimberly Horst, Licensing Staff  
Bureau of Community and Health Systems  
611 W. Ottawa Street  
Lansing, MI 48909

enclosure

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

**I. IDENTIFYING INFORMATION**

<b>License #:</b>	AH230298361
<b>Licensee Name:</b>	Eaton Rapids Medical Properties Group, LLC
<b>Licensee Address:</b>	2857 Audreys Way East Lansing, MI 48823
<b>Licensee Telephone #:</b>	(517) 290-0924
<b>Authorized Representative/ Administrator:</b>	Sheryl James
<b>Name of Facility:</b>	Island City Assisted Living
<b>Facility Address:</b>	1507 Kyle Ave. Eaton Rapids, MI 48827
<b>Facility Telephone #:</b>	(517) 219-4566
<b>Original Issuance Date:</b>	08/31/2010
<b>Capacity:</b>	53
<b>Program Type:</b>	ALZHEIMERS AGED

## II. METHODS OF INSPECTION

Date of On-site Inspection(s): 09/05/2024

Date of Bureau of Fire Services Inspection if applicable: 07/10/2024

Inspection Type: ☐ Interview and Observation ☒ Worksheet  
☐ Combination

Date of Exit Conference: 09/06/2024

No. of staff interviewed and/or observed 5  
No. of residents interviewed and/or observed 10  
No. of others interviewed 0 Role N/A

- Medication pass / simulated pass observed? Yes ☒ No ☐ If no, explain.
- Medication(s) and medication records(s) reviewed? Yes ☒ No ☐ If no, explain.
- Resident funds and associated documents reviewed for at least one resident? Yes ☐ No ☐ If no, explain. Resident funds not kept in trust.
- Meal preparation / service observed? Yes ☒ No ☐ If no, explain.
- Fire drills reviewed? Yes ☐ No ☒ If no, explain.  
Disaster plans reviewed and staff interviewed.
- Water temperatures checked? Yes ☐ No ☐ If no, explain.
- Incident report follow-up? Yes ☐ IR date/s: N/A ☒
- Corrective action plan compliance verified? Yes ☒ CAP date/s and rule/s: AH230298361\_SIR\_2021A1021002 R 325.1923(2)
- Number of excluded employees followed up? 3 N/A ☐

### III. DESCRIPTION OF FINDINGS & CONCLUSIONS

<b>This facility was found to be in non-compliance with the following rules:</b>	
<b>MCL 333.20178</b>	<b>Nursing home, home for the aged, or county medical care facility; description of services to patients or residents with Alzheimer's disease; contents; "represents to the public" defined.</b>
	<b>Nursing home, home for the aged, or county medical care facility; description of services to patients or residents with Alzheimer's disease; contents; "represents to the public" defined.</b>
	<p><b>(1) Beginning not more than 90 days after the effective date of the amendatory act that added this section, a health facility or agency that is a nursing home, home for the aged, or county medical care facility that represents to the public that it provides inpatient care or services or residential care or services, or both, to persons with Alzheimer's disease or a related condition shall provide to each prospective patient, resident, or surrogate decision maker a written description of the services provided by the health facility or agency to patients or residents with Alzheimer's disease or a related condition. A written description shall include, but not be limited to, all of the following:</b></p> <p><b>(d) Staff training and continuing education practices.</b></p>
Review of staff person 1 (SP1), SP2, SP3, and SP4 employee records revealed the staff persons were not trained in Alzheimer's disease and related conditions.	
<b>R 325.1921</b>	<b>Governing bodies, administrators, and supervisors.</b>
	<p><b>(1) The owner, operator, and governing body of a home shall do all of the following:</b></p> <p><b>(b) Assure that the home maintains an organized program to provide room and board, protection, supervision, assistance, and supervised personal care for its residents.</b></p>
<b>For Reference: R 325.1901</b>	<b>Definitions.</b>

	<b>(p) "Protection" means the continual responsibility of the home to take reasonable action to ensure the health, safety, and well-being of a resident as indicated in the resident's service plan, including protection from physical harm, humiliation, intimidation, and social, moral, financial, and personal exploitation while on the premises, while under the supervision of the home or an agent or employee of the home, or when the resident's service plan states that the resident needs continuous supervision.</b>
Review of Resident A's medication administration record (MAR) revealed Resident A was prescribed Haloperidol Tab 1mg with instruction to give one tablet by mouth as needed for agitation. Review of Resident A's service plan lacked detailed information on how the resident demonstrates agitation and what behaviors require the administration of the medication or if staff can use nonpharmaceutical interventions. Similar findings were noted with Resident B.	
<b>R 325.1931</b>	<b>Employees; general provisions.</b>
	<b>(6) The home shall establish and implement a staff training program based on the home's program statement, the residents service plans, and the needs of employees, such as any of the following:</b> <ul style="list-style-type: none"> <li><b>(b) First aid and/or medication, if any.</b></li> <li><b>(c) Personal care.</b></li> <li><b>(g) Medication administration, if applicable.</b></li> </ul>
Review of SP1 employee file revealed SP1 was not trained in personal care. Review of SP3 employee file revealed SP3 was not trained in medication administration. Review of SP4 employee training revealed SP4 was not trained in personal care.	
<b>R 325.1932</b>	<b>Resident medications.</b>
	<b>(1) A service plan must identify prescribed medication to be self-administered or managed by the home.</b>
Review of Resident C's service plan revealed it did not identify who administered the medications.	
<b>R 325.1964</b>	<b>Interiors.</b>
	<b>(9) Ventilation shall be provided throughout the facility in the following manner:</b> <ul style="list-style-type: none"> <li><b>(b) Bathing rooms, beauty shops, toilet rooms, soiled linen rooms, janitor closets, and trash holding rooms shall be provided with a minimum of 10 air changes per hour of</b></li> </ul>

	<b>continuously operated exhaust ventilation that provide discernable air flow into each of these rooms.</b>
Inspection of the facility revealed there was no continuous exhaust in the spa room and janitor closet.	

#### IV. RECOMMENDATION

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

*Kimberly Host*

09/06/2024

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Licensing Consultant Date