



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
DIRECTOR

January 15, 2025

Daniel Fessler
ProMedica Charlotte Stephenson Manor
581 Kimole Lane
Adrian, MI 49221

RE: License #: AH460397452
ProMedica Charlotte Stephenson Manor
581 Kimole Lane
Adrian, MI 49221

Dear Licensee:

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 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 877-458-2757.

Sincerely,

A handwritten signature in cursive script that reads "Jessica Rogers".

Jessica Rogers, Licensing Staff
Bureau of Community and Health Systems
611 W. Ottawa Street
P.O. Box 30664
Lansing, MI 48909
(517) 241-1970
enclosure

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

I. IDENTIFYING INFORMATION

License #:	AH460397452
Licensee Name:	ProMedica of Adrian MI, LLC
Licensee Address:	Suite 16 Floor 333 N Summit Street Toledo, OH 43604
Licensee Telephone #:	(517) 265-0692
Authorized Representative:	Daniel Fessler
Administrator:	Wendy Sauers
Name of Facility:	ProMedica Charlotte Stephenson Manor
Facility Address:	581 Kimole Lane Adrian, MI 49221
Facility Telephone #:	(517) 265-0690
Original Issuance Date:	06/23/2020
Capacity:	59
Program Type:	AGED

II. METHODS OF INSPECTION

Date of On-site Inspection(s): 01/13/2025

Date of Bureau of Fire Services Inspection if applicable: 9/17/2024

Inspection Type: Interview and Observation Worksheet
 Combination

Date of Exit Conference: 1/15/2025

No. of staff interviewed and/or observed 12

No. of residents interviewed and/or observed 25

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. No resident funds held.
- Meal preparation / service observed? Yes No If no, explain.
- Fire drills reviewed? Yes No If no, explain.
No, Bureau of Fire Services reviews fire drills. Disaster plan reviewed.
- 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: CAP dated 12/19/2022 to Licensing Study Report (LSR) dated 12/6/2022: R 325.1922(5), R 325.1932(2), R 325.1953(1), R 325.1964(9)
- Number of excluded employees followed up? N/A

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

This facility was found to be in non-compliance with the following rules:

R 325.1922 Admission and retention of residents.

(5) A home shall update each resident's service plan at least annually or if there is a significant change in the resident's care needs. Changes shall be communicated to the resident and his or her authorized representative, if any.

A review of the service plans for Residents A, B, and C revealed they were not completed or updated in accordance with this rule. Specifically, Resident A did not have a service plan, and the facility was relying on her hospice agency's "*hospice aide assignment*" in place of one, Resident B's service plan was last updated on 10/18/2023, and Resident C's service plan was last updated on 11/21/2023.

REPEAT VIOLATION ESTABLISHED

[For reference, see Licensing Study Report (LSR) dated 12/6/2022, CAP dated 12/19/2022]

R 325.1931 Employees; general provisions.

(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:

- (a) Reporting requirements and documentation.**
- (b) First aid and/or medication, if any.**
- (c) Personal care.**
- (d) Resident rights and responsibilities.**
- (e) Safety and fire prevention.**
- (f) Containment of infectious disease and standard precautions.**
- (g) Medication administration, if applicable.**

A review of Employee #1's file revealed that it was missing training documentation required by this rule. Additionally, while her medication training was completed, it was undated, making it unclear when the training took place.

VIOLATION ESTABLISHED.

R 325.1932 Resident medications.

(2) Prescribed medication managed by the home shall be given, taken, or applied pursuant to labeling instructions, orders and by the prescribing licensed health care professional.

A review of Resident B's November and December 2024 medication administration records (MARs) revealed that on 11/17/2024 and 12/15/2024, one or more medications were left blank, making it unclear whether they were administered. Additionally, Resident B was prescribed two as needed (prn) medications for nausea and vomiting. Resident C was prescribed three prn medications for constipation. Both Resident B and C's MARs lacked sufficient instructions for staff to determine whether these medications should be given together, separately, in tandem, or as alternatives to one another.

REPEAT VIOLATION ESTABLISHED

[For reference, see Licensing Study Report (LSR) dated 12/6/2022, CAP dated 12/19/2022]

IV. RECOMMENDATION

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



1/15/2025

Date

Licensing Consultant