



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
DIRECTOR

January 30, 2025

Derek McGill
The Gilbert Residence
203 S Huron
Ypsilanti, MI 48197

RE: License #: AH810236788
The Gilbert Residence
203 S Huron
Ypsilanti, MI 48197

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 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 877-458-2757.

Sincerely,

Jessica Rogers, Licensing Staff
Bureau of Community and Health Systems
611 W. Ottawa Street
P.O. Box 30664
Lansing, MI 48909
(517) 285-7433

enclosure

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

I. IDENTIFYING INFORMATION

License #:	AH810236788
Licensee Name:	The Gilbert Residence, Inc.
Licensee Address:	203 S Huron Ypsilanti, MI 48197
Licensee Telephone #:	(734) 482-9498
Administrator/ Authorized Representative:	Derek McGill
Name of Facility:	The Gilbert Residence
Facility Address:	203 S Huron Ypsilanti, MI 48197
Facility Telephone #:	(734) 482-9498
Original Issuance Date:	12/01/1999
Capacity:	58
Program Type:	AGED ALZHEIMERS

II. METHODS OF INSPECTION

Date of On-site Inspection(s): 01/28/2025

Date of Bureau of Fire Services Inspection if applicable: 5/29/2024

Inspection Type: Interview and Observation Worksheet
 Combination

Date of Exit Conference: 01/30/2025

No. of staff interviewed and/or observed 15

No. of residents interviewed and/or observed 25

No. of others interviewed One Role A residents' family member

- 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.
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 1/3/2023 to Licensing Study Report dated 12/16/2022: R 325.1923(2), R 325.1932(1), R 325.1953(1), R 325.1976(6)
- 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 325.1923 Employee's health.

(2) A home shall provide initial tuberculosis screening at no cost for its employees. New employees shall be screened within 10 days of hire and before occupational exposure. The screening type and frequency of routine tuberculosis (TB) testing shall be determined by a risk assessment as described in the 2005 MMWR ?Guidelines for Preventing the Transmission of Mycobacterium tuberculosis in Health-Care Settings, 2005? (<http://www.cdc.gov/mmwr/pdf/rr/rr5417.pdf>), Appendices B and C, and any subsequent guidelines as published by the centers for disease control and prevention. Each home, and each location or venue of care, if a home provides care at multiple locations, shall complete a risk assessment annually. Homes that are low risk do not need to conduct annual TB testing for employees.

A review of Employee 6's file showed that she was hired on 9/6/2023, with her TB test administered on 9/22/2023 and read on 9/24/2023. As such, she was not in compliance with the required timeline.

Furthermore, the facility did not have a completed TB Risk Assessment on file.

REPEAT VIOLATION ESTABLISHED.

[For reference, see licensing study report (LSR) dated 12/16/2022, CAP dated 1/3/2023]

R 325.1931 Employees; general provisions.

(3) The home shall designate 1 person on each shift to be supervisor of resident care during that shift. The supervisor of resident care shall be fully dressed, awake, and on the premises when on duty.

A review of the January 2025 schedule with Employee 2 showed that an employee was assigned to oversee each shift on both the assisted living and memory care units. However, the schedule lacked designation of one person to be the supervisor of resident care for each shift.

VIOLATION ESTABLISHED.

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.**

For Reference:

R 325.1981 Disaster Plans.

(3) Personnel shall be trained to perform assigned tasks in accordance with the disaster plan.

A review of the files for Employees 3, 4, 5, and 6 showed no evidence of completed training on reporting, personal care, dementia, and fire prevention. An interview with Employee 1 confirmed that the training had been completed but was not documented.

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 A's medication administration records (MARs) for December 2024 and January 2025 revealed that not all as-needed (PRN) medications included a specified reason for use. For example, Lorazepam and Morphine were listed without a documented reason or diagnosis for administration. Similarly, Resident B's MARs for December 2024 and January 2025 included several as-needed medications, such as Calmoseptine, Triamcinolone cream, and Tylenol, with no specified reason for use. Resident E's MARs also indicated Ondansetron as an as-needed medication, but without a specified reason for use.

Additionally, Resident B's January 2025 MAR showed three as-needed prescriptions for Tylenol.

Review of Resident E's December 2024 MAR revealed that on 1/17/2024, one or more medications were left blank.

VIOLATION ESTABLISHED.

R 325.1953 Menus.

- (1) A home shall prepare and post the menu for regular and therapeutic or special diets for the current week. Changes shall be written on the planned menu to show the menu as actually served.**

An interview with Employee 7 revealed that two residents were prescribed a pureed diet; however, there was no pureed diet menu available nor posted.

REPEAT VIOLATION ESTABLISHED.

[For reference, see licensing study report (LSR) dated 12/16/2022, CAP dated 1/3/2023]

R 325.1954 Meal and food records.

The home shall maintain a record of the meal census, to include residents, personnel, and visitors, and a record of the kind and amount of food used for the preceding 3-month period.

An interview with Employee 7 revealed that the home maintained documentation of the type and amount of food served, but did not keep a record of the number of residents, staff, and visitors served.

VIOLATION ESTABLISHED.

R 325.1970 Water supply systems.

(7) The temperature of hot water at plumbing fixtures used by residents shall be regulated to provide tempered water at a range of 105 to 120 degrees Fahrenheit.

Memory care apartment 106 had a water temperature of 129.4 degrees Fahrenheit.

An interview with Employee 8 revealed that water temperatures in random apartments are checked weekly, but this apartment was last checked in May 2024.

VIOLATION ESTABLISHED.

R 325.1976 Kitchen and dietary.

(6) Food and drink used in the home shall be clean and wholesome and shall be manufactured, handled, stored, prepared, transported, and served so as to be safe for human consumption.

The Dish Machine Temperature records for January 2025 showed that temperatures were tested at breakfast, lunch and dinner. However, on the following dates, one or more meals were left blank: 1/16/2025, 1/24/2025, 1/25/2025, 1/26/2025, and 1/27/2025.

Additionally, the Pot-Sink Sanitizer Concentration Log for January 2025 indicated it was to be checked at breakfast, lunch, and dinner. However, the logs were left blank for one or more meals on the following dates: 1/16/2025, 1/18/2025, 1/19/2025, 1/20/2025, 1/22/2025, and 1/24/2025.

REPEAT VIOLATION ESTABLISHED.

[For reference, see licensing study report (LSR) dated 12/16/2022, CAP dated 1/3/2023]

IV. RECOMMENDATION

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

Jessica Rogers

01/29/2025

Licensing Consultant

Date