



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
DIRECTOR

July 10, 2024

Michelle Jannenga
Thresholds
Suite 130
160 68th St. SW
Grand Rapids, MI 49548

RE: License #: AL410007103
Gladiola Home
3210 Gladiola Avenue, SW
Wyoming, MI 49519-3225

Dear Ms. Jannenga:

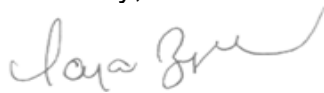
Attached is the Renewal Licensing Study Report for the facility referenced above. You have submitted an acceptable written corrective action plan addressing the violations cited in the report. To verify your implementation and compliance with this corrective action plan:

- You are to submit documentation of compliance.

The study has determined substantial compliance with applicable licensing statutes and administrative rules. Therefore, your license is renewed. It is valid only at your present address and is nontransferable.

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, appearing to read 'Toya Zylstra', written in a light gray color.

Toya Zylstra, Licensing Consultant
Bureau of Community and Health Systems
Unit 13, 7th Floor
350 Ottawa, N.W.
Grand Rapids, MI 49503
(616) 333-9702

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

I. IDENTIFYING INFORMATION

License #:	AL410007103
Licensee Name:	Thresholds
Licensee Address:	Suite 130 160 68th St. SW Grand Rapids, MI 49548
Licensee Telephone #:	(616) 466-5242
Licensee/Licensee Designee:	Michelle Jannenga, Designee
Administrator:	Cornelia Buggs
Name of Facility:	Gladiola Home
Facility Address:	3210 Gladiola Avenue, SW Wyoming, MI 49519-3225
Facility Telephone #:	(616) 538-3067
Original Issuance Date:	12/01/1976
Capacity:	16
Program Type:	DEVELOPMENTALLY DISABLED MENTALLY ILL

II. METHODS OF INSPECTION

Date of On-site Inspection(s): 06/27/2024

Date of Bureau of Fire Services Inspection if applicable: 10/02/2023

Date of Health Authority Inspection if applicable: 06/27/2024

No. of staff interviewed and/or observed 5

No. of residents interviewed and/or observed 6

No. of others interviewed N/A Role:

- Medication pass / simulated pass observed? Yes ☐ No ☒ If no, explain.
Medications passed prior to 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.
- Meal preparation / service observed? Yes ☒ No ☐ If no, explain.
- 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 determined to be in substantial compliance with rules and requirements.

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

R 400.15208

Direct care staff and employee records.

(1) A licensee shall maintain a record for each employee. The record shall contain all of the following employee information:

(a) Name, address, telephone number, and social security number.

(b) The professional or vocational license, certification, or registration number, if applicable.

(c) A copy of the employee's driver license if a direct care staff member or employee provides transportation to residents.

(d) Verification of the age requirement.

(e) Verification of experience, education, and training.

(f) Verification of reference checks.

(g) Beginning and ending dates of employment.

(h) Medical information, as required.

(i) Required verification of the receipt of personnel policies and job descriptions.

Findings: During the scheduled onsite renewal inspection, a review of staff Janet McGowan's personnel file indicated that verification of reference checks were missing and could not be located.

Exit Conference: Licensee Designee Michelle Jannenga was present during the onsite. She agreed that personnel reference checks were missing and could not be located. Ms. Jannenga stated that she agreed that a violation had occurred and would submit a Corrective Action Plan.

R 400.15312

Resident medications.

(1) Prescription medication, including dietary supplements, or individual special medical procedures shall be given, taken, or applied only as prescribed by a licensed physician or dentist. Prescription medication shall be kept in the original pharmacy-supplied container, which shall be labeled for the specified resident in accordance with the requirements of Act No. 368 of the Public Acts of 1978, as

amended, being S333.1101 et seq. of the Michigan Compiled Laws, kept with the equipment to administer it in a locked cabinet or drawer, and refrigerated if required.

Findings: During the scheduled onsite renewal inspection, a review of Resident A's Medication Administration Record indicated that Resident A is prescribed Linzess 145 MG daily and that on 06/19/2024 she did not receive said medication.

Exit Conference: Licensee Designee Michelle Jannenga was present during the onsite. She agreed that Resident A's MAR indicated that she did not receive her Linzess as prescribed on 06/19/2024. Ms. Jannenga stated that she agreed that a violation had occurred and would submit a Corrective Action Plan.

A corrective action plan was requested and approved on 06/27/2024. 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. Renewal of the license is recommended.



07/10/2024

Toya Zylstra
Licensing Consultant

Date