



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

MARLON I. BROWN, DPA  
DIRECTOR

March 06, 2025

David Zebley  
Cambrian Assisted Living  
333 N. Occidental Highway  
Tecumseh, MI 49286

RE: License #: AH460277873  
Cambrian Assisted Living  
333 N. Occidental Highway  
Tecumseh, MI 49286

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 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**

<b>License #:</b>	AH460277873
<b>Licensee Name:</b>	Cambrian of Tecumseh, LLC
<b>Licensee Address:</b>	333 N. Occidental Tecumseh, MI 49286
<b>Licensee Telephone #:</b>	(517) 414-8881
<b>Authorized Representative:</b>	David Zebley
<b>Administrator:</b>	Stacey Short
<b>Name of Facility:</b>	Cambrian Assisted Living
<b>Facility Address:</b>	333 N. Occidental Highway Tecumseh, MI 49286
<b>Facility Telephone #:</b>	(517) 423-5300
<b>Original Issuance Date:</b>	10/24/2005
<b>Capacity:</b>	70
<b>Program Type:</b>	AGED

## II. METHODS OF INSPECTION

Date of On-site Inspection(s): 03/04/2025

Date of Bureau of Fire Services Inspection if applicable: 04/23/2024

Inspection Type:  Interview and Observation  Worksheet  
 Combination

Date of Exit Conference: 03/04/2025

No. of staff interviewed and/or observed 9  
No. of residents interviewed and/or observed 22  
No. of others interviewed 0 Role

- 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 3/2/2023 to Renewal Licensing Study Report (LSR) dated 2/17/2023: R 325.1953(1), R 325.1954, R 325.1976(13)
- 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 325.1932            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 the January and February 2025 medication administration records (MARs) revealed that some residents had more than one as-needed (PRN) medications prescribed for the same purpose. For example, Residents A and E were both prescribed Tylenol and morphine for pain, and Resident B had both Haloperidol and Lorazepam prescribed for restlessness. However, the medication orders did not provide clear written instructions for staff regarding whether these medications should be administered together, separately, in tandem, or one in place of the other, depending on the severity of the condition.

Additionally, Resident B's MARs indicated she was prescribed Insulin Lispro to be injected subcutaneously according to a sliding scale before meals and at night, with the following dosages: 100-149 = 0 units, 150-199 = 1 unit, 200-249 = 3 units, 250-299 = 5 units, 300-349 = 7 units, and greater than 349 = 8 units. However, staff documented the medication as administered even when her blood sugar levels were 149 or less on the following dates for one or more doses: 1/2/2025, 1/5/2025, 1/12/2025, 1/15/2025, 1/21/2025, 1/23/2025, 1/25/2025, 1/26/2025, 2/2/2025, 2/6/2025, 2/7/2025, 2/9/2025, 2/11/2025, 2/23/2025, 2/24/2025, 2/26/2025, and 2/28/2025. The MARs were left blank on 1/13/2025 and 2/5/2025, making it unclear whether Resident B received insulin on those dates.

**VIOLATION ESTABLISHED.**

**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.**

Review of the January and February 2025 meal census and production logs revealed one or more meals were left blank on the following dates: 1/22/2025, 1/25/2025, 2/27/2025, and 2/28/2025.

**REPEAT VIOLATION ESTABLISHED.**

**[For reference, see licensing study report (LSR) dated 2/17/2023; CAP dated 3/2/2023].**

**R 325.1976                      Kitchen and dietary.**

**(13) A multi-use utensil used in food storage, preparation, transport, or serving shall be thoroughly cleaned and sanitized after each use and shall be handled and stored in a manner which will protect it from contamination.**

A review of the January and February 2025 dishwasher temperature logs showed that staff were required to record the time, dishwasher temperature, and initial the log twice daily. However, the log revealed that one or both temperatures were not recorded on the following dates: 1/3/2025, 1/4/2025 through 1/6/2025, 1/8/2025, 1/9/2025, 1/12/2025 through 1/14/2025, 1/16/2025 through 1/21/2025, 1/24/2025, 1/26/2025, 1/30/2025, 1/31/2025, 2/3/2025, 2/5/2025 through 2/9/2025, 2/11/2025 through 2/16/2025, 2/18/2025, 2/19/2025, 2/21/2025, and 2/23/2025 through 2/28/2025.

**REPEAT VIOLATION ESTABLISHED.**

**[For reference, see licensing study report (LSR) dated 2/17/2023; CAP dated 3/2/2023].**

**IV. RECOMMENDATION**

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



03/06/2025

Date

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Licensing Consultant