

GRETCHEN WHITMER GOVERNOR STATE OF MICHIGAN DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS LANSING

MARLON I. BROWN, DPA DIRECTOR

March 18, 2025

Ginger Nahikian Niche Aging Center LLC 3405 E. Midland Rd. Bay City, MI 48706

| RE: License #: | AM090408828 |
|----------------|------------------------|
| | Niche Aging Center LLC |
| | 3405 E Midland |
| | Bay City, MI 48706 |

Dear Ginger Nahikian:

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 licensee or licensee designee or home for the aged, authorized representative and a date.

Upon receipt of an acceptable corrective plan, a regular license will be issued. If you fail to submit an acceptable corrective action plan, disciplinary action will result.

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 (517) 643-7960.

Sincerely,

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Shamidah Wyden, Licensing Consultant Bureau of Community and Health Systems 411 Genesee P.O. Box 5070 Saginaw, MI 48607 989-395-6853

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

I. IDENTIFYING INFORMATION

| License #: | AM090408828 |
|-------------------------|--------------------------|
| | |
| Licensee Name: | Niche Aging Center LLC |
| | |
| Licensee Address: | 3405 E. Midland Rd. |
| | Bay City, MI 48706 |
| | |
| Licensee Telephone #: | (989) 737-2355 |
| | Ois see Nabilian |
| Licensee Designee: | Ginger Nahikian |
| Administrator: | Ginger Nahikian |
| | |
| Name of Facility: | Niche Aging Center LLC |
| | |
| Facility Address: | 3405 E Midland |
| | Bay City, MI 48706 |
| | |
| Facility Telephone #: | (989) 684-2273 |
| Original Issuance Date: | 09/23/2024 |
| | |
| Capacity: | 12 |
| | |
| Program Type: | PHYSICALLY HANDICAPPED |
| | DEVELOPMENTALLY DISABLED |
| | MENTALLY ILL |
| | AGED |
| | ALZHEIMERS |

II. METHODS OF INSPECTION

| Date of On-site Inspection(s): 03/12/2025 | | |
|---|--|--|
| Date of Bureau of Fire Services Inspection if applicable: 02/12/2025 | | |
| Date of Health Authority Inspection if applicable: N/A | | |
| No. of staff interviewed and/or observed2No. of residents interviewed and/or observed10No. of others interviewed2Role:Management | | |
| ● Medication pass / simulated pass observed? Yes ⊠ No □ If no, explain. | | |
| • 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 I If no, explain. Meal preparation / service observed? Yes No I 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 | found to be in non-compliance with the following rules: |
|-----------------------------------|---|
| R 400.14312 | Resident medications. |
| | (4) When a licensee, administrator, or direct care staff member supervises the taking of medication by a resident, he or she shall comply with all of the following provisions: (b) Complete an individual medication log that contains all of the following information: |
| medication admi | pection, there were missing staff initials on the electronic nistrator records for Resident A on 12/23/2024, 01/16/2025, and n 8:00 am and 1:00 pm medication passes. |
| R 400.14316 | Resident records. |
| | (1) A licensee shall complete, and maintain in the home, a separate record for each resident and shall provide record information as required by the department. A resident record shall include, at a minimum, all of the following information: (a) Identifying information, including, at a minimum, all of the following: |
| At the time of ins Resident B. | pection, burial provisions were not noted for Resident A and |
| R 400.14402 | Food service. |
| | (1) All food shall be from sources that are approved or considered satisfactory by the department and shall be safe for human consumption, clean, wholesome and free from spoilage, adulteration, and misbranding. |

At the time of inspection, there was multiple canned goods stored in the laundry area of the home on a shelf, as well as some in the kitchen pantry that were past the expiration dates.

| R 400.14402 | Food service. |
|--------------------|---|
| | (3) All perishable food shall be stored at temperatures that will protect against spoilage. All potentially hazardous food shall be kept at safe temperatures. This means that all cold foods are to be kept cold, 40 degrees Fahrenheit or below, and that all hot foods are to be kept hot, 140 degrees Fahrenheit or above, except during periods that are necessary for preparation and service. Refrigerators and freezers shall be equipped with approved thermometers |
| At the time of ins | freezers shall be equipped with approved thermometers. spection, thermometers could not be located in two freezers. |

IV. RECOMMENDATION

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

Shamidah Wyden Licensing Consultant

03/18/2025

Date