

GRETCHEN WHITMER
GOVERNOR

## STATE OF MICHIGAN DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS LANSING

MARLON I. BROWN, DPA DIRECTOR

May 30, 2025

Kathy Russell Chelsea Retirement Community 805 W. Middle Street Chelsea, MI 48118

RE: License #: AH810236762

Chelsea Retirement Community

805 W. Middle Street Chelsea, MI 48118

#### 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

**License #**: AH810236762

Licensee Name: United Methodist Retirement Communities

Inc.

**Licensee Address:** 805 W Middle St.

Chelsea, MI 48118

**Licensee Telephone #:** (734) 475-8633

Authorized Representative: Kathy Russell

Administrator: Christopher Eubanks

Name of Facility: Chelsea Retirement Community

Facility Address: 805 W. Middle Street

Chelsea, MI 48118

**Facility Telephone #:** (734) 433-1000

Original Issuance Date: 04/01/1999

Capacity: 172

Program Type: AGED

**ALZHEIMERS** 

#### **II. METHODS OF INSPECTION**

Date of On-site Inspection(s):		05/28/2025	
Date of Bureau of Fire Se	rvices Inspection if applicat	le: 09/04/2024	
Inspection Type:	☐Interview and Observa	ion ⊠Worksheet	
Date of Exit Conference:	5/30/2025		
No. of staff interviewed ar No. of residents interview No. of others interviewed	ed and/or observed	18 35	
Medication pass / sin	nulated pass observed? Ye	s ⊠ No □ If no, explain.	
explain.  ■ Resident funds and a Yes ⊠ No ☐ If no,		wed for at least one resident?	
Bureau of Fire Service	Yes ☐ No ☑ If no, expla tes reviews fire drills. The di checked? Yes ☑ No ☐ If	saster plan was reviewed.	
<ul> <li>Corrective action planted 5/8/2023 to Lice 325.1923(2), R 325.1</li> </ul>	up? Yes  IR date/s: n compliance verified? Yes ensing Study Report (LSR) 931(3), R 325.1932(2), R 3	25.19 <u>64</u> (9)(b)	٩F

#### III. DESCRIPTION OF FINDINGS & CONCLUSIONS

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

R 325.1921 Governing bodies, administrators, and supervisors.

- (1) The owner, operator, and governing body of a home shall do all of the following:
- (b) Assure that the home maintains an organized program to provide room and board, protection, supervision, assistance, and supervised personal care for its residents.

An interview with Christopher Eubanks revealed that Residents A, C, F, and G had bedside assist devices installed. Observations confirmed that Residents A, C, and G had bilateral handrails affixed directly to the bed frame, with netting covering the gaps. Resident F's assist device consisted of a half-round rail attached to the bed frame; however, the gap present was large enough to pose a risk of head or limb entrapment.

A review of the residents' records showed that there was a physician order for the bedside assist devices for all four residents. Service plans for Residents A, F, and G noted the presence of assist bars intended to promote participation and independence with functional mobility. These plans also required resident care associates (RCAs) to verify daily that the assist bars were securely attached and that the mattress fit properly with less than a 2.5-inch gap. If a gap exceeded this threshold, staff were instructed to remove the device and notify a manager. However, Resident C's service plan did not reference the use of a bedside assist device, despite one being observed.

Medication Administration Records (MARs) for Residents A, F, and G required staff to check the assist bars during each shift (day, evening, and night), but review of the MARs revealed several instances where these checks were not documented. Resident C's MAR contained no staff checks related to the bedside assistive devices.

The facility's bed rail policy read that service plans must include the type of device used, monitoring procedures, staff responsibilities, and any special considerations. It also requires that slats or openings in the rail prevent entrapment of limbs or the head and that staff document monitoring through the MAR or another designated system.

Based on these findings, the facility did not follow its bedside assistive device policy and did not adequately ensure resident safety and protection in relation to the use of these devices; therefore, a violation was established.

#### 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 residents' May 2025 Medication Administration Records (MARs) revealed multiple instances where medications or treatments were not documented, as outlined below:

- Resident B: Blank entry on 5/9/2025.
- Resident C: Blank entries on 5/12, 5/15, 5/21, and 5/23/2025.
- Resident D: Blank entries on 5/5, 5/9, 5/15, 5/17, 5/18, 5/20, 5/21, 5/22, 5/23, 5/24, and 5/27/2025.
- •Resident F: Blank entries on 5/6, 5/20, 5/24, 5/25, and 5/27/2025.
- Resident H: Melatonin was marked "not available" from 5/8 to 5/18, administered on 5/19, again marked "not available" from 5/20 to 5/24, administered on 5/25, not available on 5/26, and administered on 5/27. It is unclear whether the medication was available and administered on the noted dates.
- •Resident I: Blank entry on 5/26/2025.
- Resident K: Blank entries on 5/3, 5/6, 5/11, 5/12, 5/17, 5/19, 5/20, and from 5/23 through 5/25/2025.
- •Resident L: Blank entry on 5/12/2025.
- •Resident N: Blank entries on 5/1, 5/6, 5/8, 5/10, 5/12, and 5/21/2025.

Due to the blank medication entries, it could not be verified whether the residents' medications were administered as prescribed by the licensed healthcare provider; therefore, a violation was established for this rule.

#### REPEAT VIOLATION ESTABLISHED.

[For reference, see licensing study report (LSR) dated 4/27/2023, CAP dated 5/8/2023]

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.

Review of the April and May 2025 Pot-Sink Sanitizer Concentration Logs indicated that staff were expected to check and record sanitizer levels during both lunch and dinner shifts. However, several entries were missing for one or both meal periods on multiple dates, resulting in a violation established.

#### **VIOLATION ESTABLISHED.**

#### IV. RECOMMENDATION

Contingent upon receipt of an acceptable corrective action plan, it is recommended the status of this license remain unchanged.

Jossica Kogers	05/30/2025
Licensing Consultant	Date