



RICK SNYDER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

SHELLY EDGERTON
DIRECTOR

September 7, 2018

Julia Jeffreys
LADD, Inc.
300 Whitney Dr.
Dowagiac, MI 49047

RE: License #: AS630012404
Groveland Home
9921 Walnut Hill Drive
Davisburg, MI 48350

Dear Ms. Jeffreys:


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 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 (248) 975-5053.

Sincerely,

A handwritten signature in dark ink that reads "Frodet Dawisha". The signature is written in a cursive, flowing style.

Frodet Dawisha, Licensing Consultant
Bureau of Community and Health Systems
4th Floor, Suite 4B
51111 Woodward Avenue
Pontiac, MI 48342
(248) 303-6348

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

I. IDENTIFYING INFORMATION

License #:	AS630012404
Licensee Name:	LADD, Inc.
Licensee Address:	8054 Ortonville Rd Clarkston, MI 48348
Licensee Telephone #:	(517) 795-4010
Licensee Designee:	Julia Jeffreys
Name of Facility:	Groveland Home
Facility Address:	9921 Walnut Hill Drive Davisburg, MI 48350
Facility Telephone #:	(248) 634-1297
Original Issuance Date:	
Capacity:	6
Program Type:	DEVELOPMENTALLY DISABLED

II. METHODS OF INSPECTION

Date of On-site Inspection(s): 09/04/2018

Date of Bureau of Fire Services Inspection if applicable: N/A

Date of Environmental/Health Inspection if applicable: 05/23/18

Inspection Type: Interview and Observation Worksheet
 Combination Full Fire Safety

No. of staff interviewed and/or observed 1
No. of residents interviewed and/or observed 0
No. of others interviewed 3 Role: Licen Desig/Area Mgr, Director

- 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 If no, explain.
- Meal preparation / service observed? Yes No If no, explain.
Inspection did not occur during mealtime
- 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
Facility can utilize their own assessment forms.

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

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

R 400.14306	Use of assistive devices.
	(3) Therapeutic supports shall be authorized, in writing, by a licensed physician. The authorization shall state the reason for the therapeutic support and the term of the authorization.

During the on-site inspection, I reviewed Resident A's assessment plan and he uses a cane and has a hospital bed. There was no authorization written by a licensed physician in Resident A's records.

R 400.14312	Resident medications.
	<p>(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:</p> <p>(b) Complete an individual medication log that contains all of the following information:</p> <ul style="list-style-type: none"> (i) The medication. (ii) The dosage. (iii) Label instructions for use. (iv) Time to be administered. (v) The initials of the person who administers the medication, which shall be entered at the time the medication is given. (vi) A resident's refusal to accept prescribed medication or procedures.

During the on-site inspection, I reviewed Resident B's medications and medication logs. Resident B was given Clonazep ODT 0.5 MG TAB (PK) #15: dissolve one tablet on the tongue and swallow twice a day as needed for seizure on 09/03/18 as recorded on the Health Care Chronological, but there was no MARS sheet for this medication and no staff initials.

I also reviewed Resident C's medications and medication logs. Resident C was administered Levothyroxin 75 MG TAB (MY) #12: take one tablet by mouth six days a week skipping Sunday on 09/02/18, which was a Sunday. Resident C was also given Ibuprofen 600 MG TAB (AL) #30/90: take one tablet by mouth three times a day as needed on 09/01/18, but the medication log was not initialed by staff.

R 400.14403	Maintenance of premises.
	(6) All plumbing fixtures and water and waste pipes shall be properly installed and maintained in good working condition. Each water heater shall be equipped with a thermostatic temperature control and a pressure relief valve, both of which shall be in good working condition.

During the on-site inspection, the sink in bathroom #2 was not draining the water properly as the sink was backing up.

IV. RECOMMENDATION

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

Frodet Dawisha 09/05/18

 Frodet Dawisha
 Licensing Consultant

 Date