



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

ORLENE HAWKS  
DIRECTOR

April 25, 2019

Sharon Goodrow  
Young At Heart Assisted Living, LLC  
11472 Davis St.  
Fenton, MI 48430

RE: License #: AS630279858  
**Young at Heart #2**  
**3365 Grange Hall Rd.**  
**Holly, MI 48442**

Dear Ms. Goodrow:

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 (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**

<b>License #:</b>	AS630279858
<b>Licensee Name:</b>	Young At Heart Assisted Living, LLC
<b>Licensee Address:</b>	11472 Davis St. Fenton, MI 48430
<b>Licensee Telephone #:</b>	(810) 750-0618
<b>Licensee Designee/Administrator:</b>	Sharon Goodrow, Designee
<b>Name of Facility:</b>	Young at Heart #2
<b>Facility Address:</b>	3365 Grange Hall Rd. Holly, MI 48442
<b>Facility Telephone #:</b>	(810) 714-1566
<b>Original Issuance Date:</b>	09/08/2006
<b>Capacity:</b>	6
<b>Program Type:</b>	AGED ALZHEIMERS

**II. METHODS OF INSPECTION**

Date of On-site Inspection(s): 04/23/2019

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

Date of Health Authority Inspection if applicable: N/A

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 4  
No. of others interviewed 2 Role: Licensee Designee/staff

- 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.
- 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:

<b>R 400.14205</b>	<b>Health of a licensee, direct care staff, administrator, other employees, those volunteers under the direction of the licensee, and members of the household.</b>
	(3) A licensee shall maintain, in the home, and make available for department review, a statement that is signed by a licensed physician or his or her designee attesting to the knowledge of the physical health of direct care staff, other employees, and members of the household. The statement shall be obtained within 30 days of an individual's employment, assumption of duties, or occupancy in the home.

During the onsite inspection, staff member, Megan Ramos did not have her physical completed within 30 days of her employment. Ms. Ramos' start date was 04/02/19, and her physical was completed on 02/20/19.

<b>R 400.14301</b>	<b>Resident admission criteria; resident assessment plan; emergency admission; resident care agreement; physician's instructions; health care appraisal.</b>
	(11) A licensee shall contact a resident's physician for instructions as to the care of the resident if the resident requires the care of a physician while living in the home. A licensee shall record, in the resident's record, any instructions for the care of the resident.

During the onsite inspection, Resident A and Resident B required care of a physician but there were no records of any instructions for their care in their resident records.

<b>R 400.14312</b>	<b>Resident medications.</b>
	(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 {333.1101 et seq. of the Michigan Compiled Laws, kept with the equipment to

	administer it in a locked cabinet or drawer, and refrigerated if required.
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During the onsite inspection, Resident A's Fluticasone Propionate Nasal Spray USP 50 MCG per spray was not in its original pharmacy-supplied container, which shall be labeled for the specific resident.

<b>R 400.14312</b>	<b>Resident medications.</b>
	(2) Medication shall be given, taken, or applied pursuant to label instructions.

During the onsite inspection, I reviewed Resident A's medications and medication logs and found the following errors:

- Tylenol Acetaminophen Extra Strength 500 MG was transcribed incorrectly. Staff member transcribed the medication as Tylenol Acetaminophen Extra Strength 650 MG on the medication log.
- Memantine HCL 10 MG TAB: take one tablet twice daily for memory was transcribed incorrectly. Staff transcribed the medication as Memantine HCL 10 MG: take two tabs daily AM (1 tab) PM (1 tab) on the medication log.
- Xarelto 20 MG Tab: take one tablet by mouth daily was transcribed incorrectly. Staff transcribed the medication as Xarelto 15 MG: take one tab daily.

<b>R 400.14312</b>	<b>Resident medications.</b>
	(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: (d) Initiate a review process to evaluate a resident's condition if a resident requires the repeated and prolonged use of a medication that is prescribed on an as needed basis. The review process shall include the resident's prescribing physician, the resident or his or her designated representative, and the responsible agency.

During the onsite inspection, Resident B's Colace Stool Softener: PRN as needed for constipation was given from 10/06/18-10/31/18. A review process was not initiated for this repeated and prolonged use of a medication that is prescribed on an as needed basis.

<b>R 400.14312</b>	<b>Resident medications.</b>
	(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: (e) Not adjust or modify a resident's prescription medication without instructions from a physician or a pharmacist who has knowledge of the medical needs of the resident. A licensee shall record, in writing, any instructions regarding a resident's prescription medication.

During the onsite inspection, Resident B's Pantoprazole EC 40 MG Tab: take one tab thirty minutes before breakfast and dinner was discontinued by Resident B's family and not Resident B's physician or pharmacist who has knowledge of the medication needs of this resident.

<b>R 400.14312</b>	<b>Resident medications.</b>
	(7) Prescription medication that is no longer required by a resident shall be properly disposed of after consultation with a physician or a pharmacist.

During the onsite inspection, Resident A's Saline Nasal Spray with Aloe was not on the medication log as Resident A no longer required this over the counter medication and it was not disposed of after consultation with a physician or a pharmacist.

<b>R 400.14318</b>	<b>Emergency preparedness; evacuation plan; emergency transportation.</b>
	(5) A licensee shall practice emergency and evacuation procedures during daytime, evening, and sleeping hours at least once per quarter. A record of the practices shall be maintained and be available for department review.

During the onsite inspection, there was no evening hour practice and evacuation procedure during the third quarter in 2018.

<b>R 400.14403</b>	<b>Maintenance of premises.</b>
	(2) Home furnishings and housekeeping standards shall present a comfortable, clean, and orderly appearance.

During the onsite inspection, I observed missing knobs on a nightstand in bedroom #1.

<b>R 400.14403</b>	<b>Maintenance of premises.</b>
	(5) Floors, walls, and ceilings shall be finished so as to be easily cleanable and shall be kept clean and in good repair.

During the onsite inspection, I observed the paint lifting from the ceiling in the hallway near the light fixture.

#### IV. RECOMMENDATION

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

*Frodet Dawisha* 04/25/19

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Frodet Dawisha  
Licensing Consultant

Date