



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

ORLENE HAWKS
DIRECTOR

August 20, 2020

Rebecca Long
Sensations
511 E. Shepherd
Charlotte, MI 48813

RE: License #: AH230303551
Sensations
511 E. Shepherd
Charlotte, MI 48813

Dear Ms. Long:

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 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 (517) 284-9730.

Sincerely,

Kimberly Horst

Kimberly Horst, Licensing Staff
Bureau of Community and Health Systems
611 W. Ottawa Street
Lansing, MI 48909

enclosure

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

I. IDENTIFYING INFORMATION

License #:	AH230303551
Licensee Name:	AWL Companies LLC
Licensee Address:	511 E.Shepherd Street Charlotte, MI 48813
Licensee Telephone #:	(520) 307-1196
Authorized Representative/ Administrator:	Rebecca Long
Name of Facility:	Sensations
Facility Address:	511 E. Shepherd Charlotte, MI 48813
Facility Telephone #:	(517) 543-8101
Original Issuance Date:	03/03/2011
Capacity:	39
Program Type:	AGED ALZHEIMERS

II. METHODS OF INSPECTION

Date of On-site Inspection(s): 8/19/20

Date of Bureau of Fire Services Inspection if applicable: 9/5/19

Inspection Type: Interview and Observation Worksheet
 Combination

Date of Exit Conference: 8/20/20

No. of staff interviewed and/or observed 8
No. of residents interviewed and/or observed 10
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. Resident funds not kept at the facility.
- Meal preparation / service observed? Yes No If no, explain.
- Fire drills reviewed? Yes No If no, explain.
Staff interviewed and emergency plans 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:
7/14/20: R325.1932(1); R 325.1932 (5)
3/10/20: R325.1921 (1)(b); R 325.1931 (5); R 325.1931 (2); R 325.1941 (1)(e);
2/27/20: R 325.1922(8); R 325.1931 (2)
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- Number of excluded employees followed up? 0 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.
	(1) Medication shall be given, taken, or applied pursuant to labeling instructions or orders by the prescribing licensed health care professional.
Review of resident medication administration records (MAR) revealed a lack of instruction for staff to follow when administering as needed medications. For example, Resident W was prescribed Tylenol 325mg tablet with instruction to administer two tablets every four hours as needed for pain. In addition, Resident W was prescribed Norco 5/325 with instruction to administer one tablet every four hours as needed for pain. The instructions lacked what resident conditions staff should administer the medications for. There is no instruction for staff to know whether to administer one over the other or if both can be given at the same time.	
R 325.1932	Resident Medications.
	(3) If a home or the home's administrator or direct care staff member supervises the taking of medication by a resident, then the home 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 licensed health care professional, the resident's authorized representative, if any, and the agency responsible for the resident's placement, if any.
Review of Resident W's MAR revealed Resident W was prescribed Norco 5/325 tablet with instructions to administer one tablet by mouth every four hours as needed for pain. Resident W was administered this medication on 7/1, 7/2, 7/5-7/8, 7/10-7/11, 7/13-7/17, 7/20, 7/22-7/31. This medication is to be administered as needed yet Resident W is receiving the medication frequently.	
R 325.1981	Disaster plans.
	(2) A disaster plan shall be available to all employees working in the home.

Interviews with staff members revealed there was no disaster plan available to staff members. Staff members were able to vocalize disaster plan in regard to fire but was unable to verbalize plan for loss of water, loss of power, etc. Staff members reported there is information on who to contact (EMS, Fire, Administrator) if there was an emergency but there was no disaster plan book on the floor for staff members.

IV. RECOMMENDATION

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



8/20/20

Licensing Consultant Date