



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

ORLENE HAWKS
DIRECTOR

June 2nd, 2021

Marie Wieland
Lansing Care Group, LLC
5101 NE 82nd Ave,
Vancouver, WA 98662

RE: License #:	AH330386131 Robinwood Landing Alzheim 1634 Lake Lansing Road Lansing, MI 48912
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Dear Ms. Wieland:

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.Re

Sincerely,

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 #:	AH330386131
Licensee Name:	Lansing Care Group, LLC
Licensee Address:	Ste 200 5101 NE 82nd Ave, Vancouver, WA 98662
Licensee Telephone #:	(517) 203-3044
Authorized Representative/ Administrator:	Marie Wieland
Name of Facility:	Robinwood Landing Alzheim
Facility Address:	1634 Lake Lansing Road Lansing, MI 48912
Facility Telephone #:	(517) 203-3044
Original Issuance Date:	11/30/2018
Capacity:	66
Program Type:	AGED ALZHEIMERS

II. METHODS OF INSPECTION

Date of On-site Inspection(s): 05/27/2021

Date of Bureau of Fire Services Inspection if applicable: 10/5/20

Inspection Type: ☐ Interview and Observation ☒ Worksheet
☐ Combination

Date of Exit Conference: 6/2/21

No. of staff interviewed and/or observed 15

No. of residents interviewed and/or observed 30

No. of others interviewed 0 Role N/A

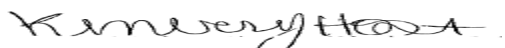
- Medication pass / simulated pass observed? Yes ☒ No ☐ If no, explain.
- Medication(s) and medication records(s) reviewed? Yes ☒ No ☐ If no, explain.
- Resident funds and associated documents reviewed for at least one resident? Yes ☒ No ☐ If no, explain.
- Meal preparation / service observed? Yes ☒ No ☐ If no, explain.
- Fire drills reviewed? Yes ☐ No ☒ If no, explain.
Disaster plans reviewed and staff interviewed.
- 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:
2021A1021027: R 325.1931(5); R 325.1931(6) 5/7/21
- 2021A1021028: R 325.1931(2); R 325.1921(2)(c) 5/7/21
- 2020A1021005: R 325.1921 (1)(b) 11/12/19
- Number of excluded employees followed up? 1 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 J was prescribed Acetaminophen 500mg tablet with instruction to administer one time a day as needed. In addition, Resident J was prescribed Hydrocod/Apap Tab 5/325mg with instruction to administer one tablet by mouth two times a day 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. The lack of instruction places residents at an unnecessary risk of harm due to administration based on what the staff feel is appropriate verses what the physician intended. In addition, similar findings were noted with Resident M.	
R 325.1932	Resident Medications.
	(2) The giving, taking, or applying of prescription medications shall be supervised by the home in accordance with the resident's service plan.
Review of Resident L's MAR revealed Resident L was prescribed Olanzapine Tab 5mg with instruction to administer ½ tablet by mouth two times a day as needed for agitation and aggression. Review of Resident L's service plan omits information regarding agitation and aggression. The service plan neglects how Resident L exhibits these behaviors and what behaviors require the administration of the medication. In addition, similar findings were found with Resident K.	

IV. RECOMMENDATION

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



6/2/21

Date

Licensing Consultant