



STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

GRETCHEN WHITMER  
GOVERNOR

ORLENE HAWKS  
DIRECTOR

June 24<sup>th</sup>, 2021

Kelly Cornford  
Quality Care Management, LLC  
302 Fulton Street  
St. Charles, MI 48655

RE: License #:	AH730386631 Union Court Assisted Living of Chesaning 244 Elwyn Drive Chesaning, MI 48616
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Dear Ms. Cornford:

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, 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**

<b>License #:</b>	AH730386631
<b>Licensee Name:</b>	Quality Care Management, LLC
<b>Licensee Address:</b>	244 Elwyn Drive Chesaning, MI 48616
<b>Licensee Telephone #:</b>	(989) 323-2377
<b>Authorized Representative/ Administrator:</b>	Kelly Cornford
<b>Name of Facility:</b>	Union Court Assisted Living of Chesaning
<b>Facility Address:</b>	244 Elwyn Drive Chesaning, MI 48616
<b>Facility Telephone #:</b>	(989) 323-2377
<b>Original Issuance Date:</b>	01/12/2018
<b>Capacity:</b>	62
<b>Program Type:</b>	AGED ALZHEIMERS

## II. METHODS OF INSPECTION

Date of On-site Inspection(s): 06/21/2021

Date of Bureau of Fire Services Inspection if applicable: 7/16/2020

Inspection Type:  Interview and Observation  Worksheet  
 Combination

Date of Exit Conference: 6/24/21

No. of staff interviewed and/or observed 10

No. of residents interviewed and/or observed 5

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. resident funds not kept in trust
- Meal preparation / service observed? Yes  No  If no, explain.
- Fire drills reviewed? Yes  No  If no, explain.  
Disater 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:
- Number of excluded employees followed up? 0 N/A

### III. DESCRIPTION OF FINDINGS & CONCLUSIONS

<b>This facility was found to be in non-compliance with the following rules:</b>	
<b>R 325.1921</b>	<b>Governing bodies, administrators, and supervisors.</b>
	(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.
<b>For Reference: R 325.1901</b>	<b>Definitions.</b>
	(16) "Protection" means the continual responsibility of the home to take reasonable action to ensure the health, safety, and well-being of a resident as indicated in the resident's service plan, including protection from physical harm, humiliation, intimidation, and social, moral, financial, and personal exploitation while on the premises, while under the supervision of the home or an agent or employee of the home, or when the resident's service plan states that the resident needs continuous supervision.
<p>Upon my inspection, Resident A had bedside assistive devices attached to their bed.</p> <p>I reviewed Resident A's records and found a physician order for the purpose and use of the bedside assistive devices.</p> <p>The service plan for Resident A lacked information about the devices related to purpose of use. For instance, instruction regarding whether the resident could summon staff independently for help or require monitoring on a predetermined frequency was not defined.</p> <p>I reviewed the facility Bed Rail Usage Guidelines. The guidelines read,  <i>"The facility must document use of the bed rail in the assessment plan and ensure the direct care employees are instructed in resident supervision, bed and rail safety, the risks and benefits of use, and bed rail maintenance."</i></p>	
<b>R 325.1932</b>	<b>Resident medications.</b>
	(1) Medication shall be given, taken, or applied pursuant to labeling instructions or orders by the prescribing licensed health care professional.

Resident B was prescribed Ativan 1mg with instruction to administer every four hours as needed for agitation/anxiety. Resident B was also prescribed Haloperidol Con 2MG/ML with instruction to administer 0.5ml under the tongue every six hours as needed for agitation. In addition, Resident B was prescribed Risperidone 0.5mg with instruction to administer one tablet by mouth every day as needed for agitation. 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. Multiple prn medications for the same condition without explanation as to why staff should administer one over the other, all at once, or in tandem is not reasonable nor safe.

<b>R 325.1932</b>	<b>Resident medications.</b>
	<b>(2) The giving, taking, or applying of prescription medications shall be supervised by the home in accordance with the resident's service plan.</b>

Resident B was prescribed Ativan 1mg with instruction to administer every four times as needed for agitation/anxiety. Resident B was also prescribed Haloperidol Con 2MG/ML with instruction to administer 0.5ml under the tongue every six hours as needed for agitation. In addition, Resident B was prescribed Risperidone 0.5mg with instruction to administer one tablet by mouth every day as needed for agitation. Resident B's service plan lacks detailed information on how the resident demonstrates these behaviors and what behaviors require the administration of the medications.

<b>R 325.1953</b>	<b>Menus.</b>
	<b>(1) A home shall prepare and post the menu for regular and therapeutic or special diets for the current week. Changes shall be written on the planned menu to show the menu as actually served.</b>

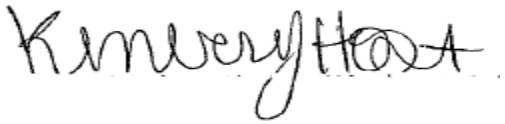
Inspection of the facility revealed there was no menu posted for therapeutic or special diets for the week.

<b>R 325.1954</b>	<b>Meal and food records.</b>
	<b>The home shall maintain a record of the meal census, to include residents, personnel, and visitors, and a record of the kind and amount of food used for the preceding 3-month period.</b>

Kitchen staff are to complete the meal census for every meal served. However, review of the preceding three months revealed incomplete records of the meal census.

**IV. RECOMMENDATION**

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



6/24/21

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Date

Licensing Consultant