

GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS LANSING

ORLENE HAWKS DIRECTOR

June 15, 2021

Ginger Nahikian 3405 E. Midland Rd. Bay City, MI 48706

| RE: License #: | AS090309821 |
|----------------|---------------------|
| | Niche Aging Center |
| | 3405 E. Midland Rd. |
| | Bay City, MI 48706 |

Dear Ms. Nahikian:

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 (810)-787-7031.

Sincerely,

Shamidah Wyden, Licensing Consultant

Bureau of Community and Health Systems

411 Genesee

P.O. Box 5070

Saginaw, MI 48605

989-395-6853

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

I. IDENTIFYING INFORMATION

| License #: | AS090309821 |
|--------------------------|--------------------------|
| | |
| Licensee Name: | Ginger Nahikian |
| Lisans as Address as | 2405 F Midle ad Dd |
| Licensee Address: | 3405 E. Midland Rd. |
| | Bay City, MI 48706 |
| Licensee Telephone #: | (989) 737-2355 |
| Licensee Designee: | Ginger Nahikian |
| | Ginger Hamman |
| Administrator: | Ginger Nahikian |
| | |
| Name of Facility: | Niche Aging Center |
| - ···· • • · · | 0.405 5 14:11 1 5 1 |
| Facility Address: | 3405 E. Midland Rd. |
| | Bay City, MI 48706 |
| Facility Telephone #: | (989) 684-2273 |
| Original Issuance Date: | 11/09/2010 |
| original localines bate. | 11/00/2010 |
| Capacity: | 6 |
| | |
| Program Type: | PHYSICALLY HANDICAPPED |
| | DEVELOPMENTALLY DISABLED |
| | MENTALLY ILL |
| | AGED |
| | ALZHEIMERS |

II. METHODS OF INSPECTION

| Date of On-site Inspection(s): | | 06/11/2021 | |
|---|--|-------------------------------------|--|
| Date of Bureau of Fire Serv | vices Inspection if appli | cable: N | N/A |
| Date of Health Authority Ins | spection if applicable: N | N/A | |
| Inspection Type: | ☐ Interview and Obs | ervation | ⊠ Worksheet □ Full Fire Safety |
| No. of staff interviewed and No. of residents interviewed No. of others interviewed | | Designe | 1 5 ee |
| Medication pass / simu | ulated pass observed? | Yes 🖂 | No 🗌 If no, explain. |
| Medication(s) and med | dication record(s) revie | wed? Ye | es 🗵 No 🗌 If no, explain. |
| Yes ⊠ No ☐ If no, e | | | or at least one resident? If no, explain. |
| Fire drills reviewed? Y | ∕es⊠ No If no, ex | plain. | |
| Fire safety equipment | and practices observed | d? Yes ∑ | ☑ No ☐ If no, explain. |
| If no, explain. | Special Certification On necked? Yes ⊠ No □ | | |
| There were no recent in Corrective action plan 06/06/2019 R402(3), F | up? Yes No If r incident reports requirir compliance verified? R401(2), R410(2), and I mployees followed-up? | ng follow- ∕es ⊠ C R208(1)(∉ | -up. CAP date/s and rule/s: e) N/A |
| Variances? Yes ☐ (p) | lease explain) No | N/A 🖂 | |

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

| This facility was found to be in non-compliance with the following rules: | | |
|---|---|--|
| R 400.14205 | Health of a licensee, direct care staff, administrator, other employees, those volunteers under the direction of the licensee, and members of the household. | |
| | (4) A licensee shall provide the department with written evidence that he or she and the administrator have been tested for communicable tuberculosis and that if the disease is present, appropriate precautions shall be taken. The results of subsequent testing shall be verified every 3 years thereafter. | |
| At the time of instant date TB test on f | spection, licensee designee Ginger Nahikian did not have an up to file. | |
| R 400.14312 | Resident medications. | |
| | (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: (c) Record the reason for each administration of medication that is prescribed on an as needed basis. | |
| | spection, staff were not recording the reason for each administration at is prescribed on an as needed basis on the medication | |
| R 400.14318 | Emergency preparedness; evacuation plan; emergency transportation. | |
| | (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. | |
| At the time of ins 2019, and for the | spection, fire drill records were missing for June through December e year 2020. | |
| R 400.14402 | Food service. | |
| | (3) All perishable food shall be stored at temperatures that will protect against spoilage. All potentially hazardous food shall be kept at safe temperatures. This means that all cold foods are to be kept cold, 40 degrees Fahrenheit or | |

| | below, and that all hot foods are to be kept hot, 140 degrees Fahrenheit or above, except during periods that are necessary for preparation and service. Refrigerators and freezers shall be equipped with approved thermometers. |
|---------------------|---|
| At the time of insp | pection, there were two freezers in the facility not equipped with |
| thermometers. Th | is violation was corrected during the on-site inspection. |
| R 400.14407 | Bathrooms. |
| | (1) Bathrooms and toilet facilities that do not have windows shall have forced ventilation to the outside. Bathroom windows that are used for ventilation shall open easily. |
| | pection, the bathroom vents were not working properly. The vents of forcing ventilation to the outside. |

IV. RECOMMENDATION

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

O6/15/2021

Shamidah Wyden
Licensing Consultant