



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

ORLENE HAWKS
DIRECTOR

June 30, 2021

Mike Dykstra
Golden Life AFC, LLC
4386 14 Mile Rd, NE
Rockford, MI 49341

RE: License #: AL410393675
Golden Life AFC # 4
10860 Northland Dr.
Rockford, MI 49341

Dear Mr. Dykstra:

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 (616) 356-0100.

Sincerely,

Arlene B. Smith

Arlene B. Smith, MSW, Licensing Consultant
Bureau of Community and Health Systems
Unit 13, 7th Floor
350 Ottawa, N.W.
Grand Rapids, MI 49503
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**MICHIGAN DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
BUREAU OF COMMUNITY AND HEALTH SYSTEMS
RENEWAL INSPECTION REPORT**

I. IDENTIFYING INFORMATION

License #: AL410393675

Licensee Name: Golden Life AFC, LLC

Licensee Address: 4386 14 Mile Rd, NE
Rockford, MI 49341

Licensee Telephone #: (616) 307-7719

Licensee/Licensee Designee: Mike Dykstra, Designee

Administrator: Mike Dykstra

Name of Facility: Golden Life AFC # 4

Facility Address: 10860 Northland Dr.
Rockford, MI 49341

Facility Telephone #: (616) 884-0022

Original Issuance Date: 12/07/2020

Capacity: 20

Program Type: PHYSICALLY HANDICAPPED
DEVELOPMENTALLY DISABLED
MENTALLY ILL
ALZHEIMERS
AGED

II. METHODS OF INSPECTION

Date of On-site Inspection(s): 06/03/2021, 06/08/2021

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 4
No. of residents interviewed and/or observed 10
No. of others interviewed 1 Role: Home Manager

- 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

I conducted a telephone exit conference with Mike Dykstra, the Licensee Designee/Administrator and he agreed with my findings and stated he would provide an acceptable plan of correction.

This facility was found to be in non-compliance with the following rules:	
R 400.15102	Definitions.
	(u) "Resident funds" means any monies, securities, bonds, or stocks that are received by a licensee from, or on behalf of, a resident. Monies include all of the following: (i) Payment for adult foster care services. (ii) Personal allowance. (iii) Monies held as a trust obligation. (iv) Monies in accounts with financial institutions.
<p>Upon inspection there was no documentation related to recording the payment for Adult Foster Care Payments since the residents moved into the facility. Please provide documentation showing payments on our Required Funds Part II forms and how this rule will be completed and maintained.</p> <p>Please reference all of the bullet points in my letter as you supply us with an acceptable plan of correction.</p>	
R 400.15201	Qualifications of administrator, direct care staff, licensee, and members of the household; provision of names of employee, volunteer, or member of the household on parole or probation or convicted of felony; food service staff.
	(14) A licensee shall employ at least 1 individual who is qualified by training, experience, and performance to be responsible for food preparation. Additional food service staff shall be employed as necessary to ensure regular and timely meals.

Upon inspection there were no employees identified who were qualified by training, experience, and performance to be responsible for food preparation. There are three meals served each day and therefore you would need more than one staff that meets the requirement of this rule for all meals prepared for seven days. Please provide documentation for the employee(s) which have required training, experience, and performance for food preparation and how this rule will be completed and maintained.

Please reference all of the bullet points in my letter as you supply us with an acceptable plan of correction.

R 400.15301	Resident admission criteria; resident assessment plan; emergency admission; resident care agreement; physician's instructions; health care appraisal.
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	(10) At the time of the resident's admission to the home, a licensee shall require that the resident or the resident's designated representative provide a written health care appraisal that is completed within the 90-day period before the resident's admission to the home. A written health care appraisal shall be completed at least annually. If a written health care appraisal is not available at the time of an emergency admission, a licensee shall require that the appraisal be obtained not later than 30 days after admission. A department health care appraisal form shall be used unless prior authorization for a substitute form has been granted, in writing, by the department.
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Resident M who was recently admitted did not have a Health Care Appraisal.

Please review all resident files and provide documentation that all Health Care Appraisals are up to date, when this will be completed by, and how it will be maintained.

Please reference all of the bullet points in my letter as you supply us with an acceptable plan of correction.

R 400.15301	Resident admission criteria; resident assessment plan; emergency admission; resident care agreement; physician's instructions; health care appraisal.
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	(4) At the time of admission, and at least annually, a written assessment plan shall be completed with the resident or the resident's designated representative, the responsible agency, if
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	applicable, and the licensee. A licensee shall maintain a copy of the resident's written assessment plan on file in the home.
	<p>Upon inspection, Resident A's written assessment plan was not signed correctly. Resident B's required written assessment plan was not signed by the required signatures.</p> <p>Resident M's written assessment plan was not signed by the Licensee Designee. Resident F's written assessment plan was not signed by the Licensee Designee. Resident J's written assessment plan was not signed by the Licensee Designee. Resident I's written assessment plan was not signed by the Licensee Designee. Resident H's written assessment plan was not signed by the Licensee Designee.</p> <p>Please review all of the resident's assessment plans and provide documentation that they all are up to date and signed by the appropriate individuals, when this will be completed by and how this will be maintained.</p> <p>Please reference all of the bullet points in my letter as you supply us with an acceptable plan of correction.</p>
R 400.15301	Resident admission criteria; resident assessment plan; emergency admission; resident care agreement; physician's instructions; health care appraisal.
	(9) A licensee shall review the written resident care agreement with the resident or the resident's designated representative and responsible agency, if applicable, at least annually or more often if necessary.

Upon inspection, Resident B's resident care agreement was not completed or signed by the Licensee Designee.

Resident M's resident care agreement was not signed by the Licensee Designee.

Resident A's resident care agreement was not signed by the Licensee Designee.

Resident F's resident care agreement was not signed by the Licensee Designee.

Resident J's resident care agreement was not signed by the Licensee Designee.

Resident I's resident care agreement was not signed by the Licensee Designee.

Resident H's resident care agreement was not signed by the Licensee Designee.

Please review all of the resident's care agreements and provide documentation that they all are up to date and signed by the appropriate individuals, especially the Licensee Designee. When this will be completed by and how this will be maintained.

Please reference all of the bullet points in my letter as you supply us with an acceptable plan of correction.

R 400.15306

Use of assistive devices.

(2) An assistive device shall be specified in a resident's written assessment plan and agreed upon by the resident or the resident's designated representative and the licensee.

Upon inspection I witnessed bed rails on Resident G's bed, Resident N's bed, Resident K's bed, Resident I's bed and Resident D's bed. None of the bed rails were padded. The rule requires that this assistive device (bed rails) shall be specified in their written assessment plan and must be agreed upon by the resident and/or the resident's designated representative, and the licensee and their written assessment plan did not contain written documentation that the resident, and/or their designated representative, or the Licensee Designee had agreed to the use of the bed rails.

Please provide documentation that each these residents have the assistive device (bed rails) in their written assessment plan and contain *all* of the required signatures. Please tell us when this will be completed by and how will it be maintained. Please provide evidence that the bed rails are covered.

Please reference all of the bullet points in my letter as you supply us with an acceptable plan of correction.

R 400.15306

Use of assistive devices.

(3) Therapeutic supports shall be authorized, in writing, by a licensed physician. The authorization shall state the reason for the therapeutic support and the term of the authorization.

Upon inspection I witness bed rails on the following resident's beds: Resident G, Resident N, Resident K, Resident I and Resident D. There were no authorizations in writing by the licensed physician for these therapeutic supports, bed rails.

Please provide the authorizations by a license physician with their reason for the therapeutic support and term of the authorization, no more than on year.

Please reference all of the bullet points in my letter as you supply us with an acceptable plan of correction.

R 400.15313

Resident nutrition.

(3) Special diets shall be prescribed only by a physician. A resident who has been prescribed a special diet shall be provided such a diet.

Upon inspection Resident F's Health Care Appraisal had a written diet: "Diabetic, 75 gm carb meal." This form was signed by a Registered Nurse. A special diet can only be prescribed by a physician. The staff were not able to provide me with a prescription for this special diet signed by a physician. The staff reported that several residents were diabetic, but they did not have any written prescriptions because the physician had not written any. They acknowledged that they did not provide the residents that were known diabetics with any concentrated sweets.

Please provide the prescription for Resident F's special diet signed by a physician. Please check with the physicians of the residents diagnosed with diabetes and confirm with them that there is or there is not a special diet they are to provide. Please state when this will be accomplished and how will this be maintained.

Please reference all of the bullet points in my letter as you supply us with an acceptable plan of correction.

R 400.15313	Resident nutrition.
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	(5) Records of menus, including special diets, as served shall be provided upon request by the department.
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Upon review of the menus there were no special diets recorded. The Licensee Designee failed to follow up with Resident F's physician with the special written diet by a Registered Nurse. Any special diet other than a regular diet requires a prescription by a physician and then the menus include the special diet(s)

Please follow up with a Resident F's physician and provide documentation that this has been completed.

Please reference all of the bullet points in my letter as you supply us with an acceptable plan of correction.

R 400.15315	Handling of resident funds and valuables.
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	(3) A licensee shall have a resident's funds and valuables transaction form completed and on file for each resident. A department form shall be used unless prior authorization for a substitute form has been granted, in writing, by the department.
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Upon inspection Resident B's, Resident J's, Resident F's and Resident H's Resident Funds Part 1 were not signed by the Licensee Designee. Payment was not checked on many of them. The following resident's, did not have a Resident Funds Part I Form or Resident Funds Part 2 Form: Resident M and Resident F.

<p>Please review every resident's Funds I and Funds 2 forms and provide documentation that they are all completed correctly and signed by the Licensee Designee.</p> <p>Please reference all of the bullet points in my letter as you supply us with an acceptable plan of correction.</p>	
R 400.15315	Handling of resident funds and valuables.
	(4) A listing of all valuables that are accepted by the licensee for safekeeping shall be maintained. The listing of valuables shall include a written description of the items, the date received by the licensee, and the date returned to the resident or his or her designated representative. The listing of valuables shall be signed at the time of receipt by the licensee and the resident or his or her designated representative. Upon return of the valuables to the resident or his or her designated representative, the listing shall be signed by the resident or his or her designated representative and the licensee.
<p>Upon inspection as I reviewed resident's files, and I did not find the valuables sheet listing all of the resident's valuables. I did find one or two of the forms, but they were blank. Please provide documentation that all residents have a list of their valuables.</p> <p>Please reference all of the bullet points in my letter as you supply us with an acceptable plan of correction.</p>	
R 400.15401	Environmental health.
	(2) Hot and cold running water that is under pressure shall be provided. A licensee shall maintain the hot water temperature for a resident's use at a range of 105 degrees Fahrenheit to 120 degrees Fahrenheit at the faucet.
<p>Upon the inspection I took the water temperature, and it was below 105 degrees. Please provide documentation that the water temperature is maintained between 105 and 120 degrees Fahrenheit.</p> <p>Please reference all of the bullet points in my letter as you supply us with an acceptable plan of correction.</p>	

R 400.15401	Environmental health.
	(6) Poisons, caustics, and other dangerous materials shall be stored and safeguarded in nonresident areas and in non-food preparation storage areas.
<p>Upon the inspection I saw cleaning substances and dishwashing materials under the kitchen sink and the cupboards they were in were not locked.</p> <p>Please provide documentation that the poisons, caustic, and any other dangerous material are stored and safeguarded in nonresident areas and not-food preparation storage areas.</p> <p>Please reference all of the bullet points in my letter as you supply us with an acceptable plan of correction.</p>	
R 400.15402	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.
<p>Upon inspection I was unable to find the thermometers in all the required refrigerators or freezers. Please provide documentation that all refrigerators and freezers have thermometers and that they are maintained and maintained at the safe temperatures of 40 degrees Fahrenheit or below in the refrigerators and zero or below in the freezers.</p> <p>Please reference all of the bullet points in my letter as you supply us with an acceptable plan of correction.</p>	
R 400.15403	Maintenance of premises.
	(1) A home shall be constructed, arranged, and maintained to provide adequately for the health, safety, and well-being of occupants.
<p>Upon inspection I found numerous, (over 20) cigarette butts on the cement in front of the steps to the home.</p>	

I found at least two residents that were receiving oxygen through a condenser but there was no sign on the front door or on the resident's door that oxygen was in use. Please provide the signs for oxygen in use.

Please review the Memo dated April 30, 2010, by Deborah Wood, Division Director, smoking policy I gave to you at the opening inspection. This document stated that you are to; *"Clearly and conspicuously post "no smoking" signs or the international "no smoking" symbol at the entrances to and in every building or other area where smoking is prohibited under this act."* This document also states that the licensee's and administrators need to plan how supervision will be adequately provided for those residents smoking outside to assure their protection and safety. When you are assessing a resident for admission, they must know there is a ban on smoking in the facility. If a licensee accepts a resident that smokes, the licensee must assure the resident is aware and is able to comply with the smoking ban that prohibits smoking inside of the facility and if allowed outside, the degree of supervision that will be needed to meet each person's needs. This document stated: *"Likewise, a licensee should include in their house rules any stipulations regarding smoking."*

Please reference all of the bullet points in my letter as you supply us with an acceptable plan of correction.

R 400.15405

Living space.

(8) A home shall have dining space that can accommodate all residents of the home at the same time.

Upon inspection the facility did not have enough seats to accommodate all of the residents in the home at the same time.

Please provide evidence/documentation that there are enough seats in the dining room that can accommodate all residents of the home at the same time.

Please reference all of the bullet points in my letter as you supply us with an acceptable plan of correction.

R 400.15410

Bedroom furnishings.

(2) A resident bedroom shall be equipped with a mirror that is appropriate for grooming.

Upon inspection Resident B's bedroom was missing a mirror.

Upon inspection I witness Resident M coming in the front door and her walker got caught on a throw rug and she almost fell. The staff removed the rug immediately, therefore this is not a citation but please make sure all rugs on hard finished floors have a non-skid backing. Rule 400.15403 (10) Scatter or throw rugs on hard finished floors shall have a nonskid backing.

IV. RECOMMENDATION

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

Arlene B. Smith

06/30/2021

Date

Licensing Consultant