



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

ORLENE HAWKS  
DIRECTOR

August 17, 2021

Michael Fields  
Advanced Teaching Concepts Inc  
P.O. Box 158  
South Lyon, MI 48178

RE: License #: AS630064594  
Ostrum House  
2101 Ostrum  
Waterford, MI 48328

Dear Mr. Fields:

Attached is the Renewal Licensing Study Report for the facility referenced above. You have submitted an acceptable written corrective action plan addressing the violations cited in the report. To verify your implementation and compliance with this corrective action plan:

- You are to submit documentation of compliance or
- You are to submit a Statement of Correction.

The study has determined substantial compliance with applicable licensing statutes and administrative rules. Therefore, your license is renewed. It is valid only at your present address and is nontransferable.

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 (248) 975-5053.

Sincerely,

A handwritten signature in cursive script that reads "Kristen Donnay".

Kristen Donnay, Licensing Consultant  
Bureau of Community and Health Systems  
4th Floor, Suite 4B  
51111 Woodward Avenue  
Pontiac, MI 48342  
(248) 296-2783

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

**I. IDENTIFYING INFORMATION**

<b>License #:</b>	AS630064594
<b>Licensee Name:</b>	Advanced Teaching Concepts Inc
<b>Licensee Address:</b>	60674 Russell Lane South Lyon, MI 48178
<b>Licensee Telephone #:</b>	(248) 486-5368
<b>Licensee Designee:</b>	Michael Fields
<b>Name of Facility:</b>	Ostrum House
<b>Facility Address:</b>	2101 Ostrum Waterford, MI 48328
<b>Facility Telephone #:</b>	(248) 332-5007
<b>Original Issuance Date:</b>	01/28/1995
<b>Capacity:</b>	6
<b>Program Type:</b>	PHYSICALLY HANDICAPPED DEVELOPMENTALLY DISABLED

## II. METHODS OF INSPECTION

Date of On-site Inspection(s): 08/17/2021

Date of Bureau of Fire Services Inspection if applicable: N/A

Date of Environmental/Health Inspection if applicable: N/A

Inspection Type: ☐ Interview and Observation ☒ Worksheet  
☐ Combination ☐ Full Fire Safety

No. of staff interviewed and/or observed 2  
No. of residents interviewed and/or observed 5  
No. of others interviewed 2 Role: Lic. desig./admin.

- 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

This facility was found to be in non-compliance with the following rules:

<b>R 400.14301</b>	<b>Resident admission criteria; resident assessment plan; emergency admission; resident care agreement; physician's instructions; health care appraisal.</b>
	(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.

During the onsite inspection, Resident T's resident care agreement for 2020 was not signed by the designated representative.

<b>R 400.14311</b>	<b>Investigation and reporting of incidents, accidents, illnesses, absences, and death.</b>
	(1) A licensee shall make a reasonable attempt to contact the resident's designated representative and responsible agency by telephone and shall follow the attempt with a written report to the resident's designated representative, responsible agency, and the adult foster care licensing division within 48 hours of any of the following: (a) The death of a resident. (b) Any accident or illness that requires hospitalization. (c) Incidents that involve any of the following: (i) Displays of serious hostility. (ii) Hospitalization. (iii) Attempts at self-inflicted harm or harm to others. (iv) Instances of destruction to property. (d) Incidents that involve the arrest or conviction of a resident as required pursuant to the provisions of section 1403 of Act No. 322 of the Public Acts of 1988.

Incident reports were not sent to the adult foster care licensing division following resident's hospitalizations.

<b>R 400.14312</b>	<b>Resident medications.</b>
	(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:

	<p>(b) Complete an individual medication log that contains all of the following information:</p> <ul style="list-style-type: none"> <li>(i) The medication.</li> <li>(ii) The dosage.</li> <li>(iii) Label instructions for use.</li> <li>(iv) Time to be administered.</li> <li>(v) The initials of the person who administers the medication, which shall be entered at the time the medication is given.</li> <li>(vi) A resident's refusal to accept prescribed medication or procedures.</li> </ul>
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During the onsite inspection, I reviewed Resident J and Resident T's medication administration records (MARs) and noted the following:

- Resident J's MAR listed a PRN for Triamcinolone 0.1% (gen. for Aristocort), which had been discontinued but was not removed from the medication log. The medication name and label instructions did not match the name on the medication that was in the home.
- Resident T's MAR indicated that he was prescribed Minerin lot, but the medication that was provided was Eucerin skin cream.
- Staff were not consistently initialing Resident T's MAR when he was given a PRN for Acetaminophen. The health care chronological indicated the medication was given on 5/10/21, but it was not initialed on the medication log.

**REPEAT VIOLATION ESTABLISHED: Renewal Licensing Study Report Dated: 09/24/19; CAP Dated: 09/24/19**

<b>R 400.14312</b>	<b>Resident medications.</b>
	<p>(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:</p> <ul style="list-style-type: none"> <li>(c) Record the reason for each administration of medication that is prescribed on an as needed basis.</li> </ul>

During the onsite inspection, I noted that staff were not consistently documenting the reason for each administration of Resident T's PRN for Acetaminophen. There were instances when the medication log was initialed, but it was not documented in the health care chronological, or it was indicated that it was passed in the health care chronological, but not initialed on the medication log.

**REPEAT VIOLATION ESTABLISHED: Renewal Licensing Study Report Dated: 09/24/19; CAP Dated: 09/24/19**

<b>R 400.14403</b>	<b>Maintenance of premises.</b>
	(1) A home shall be constructed, arranged, and maintained to provide adequately for the health, safety, and well-being of occupants.

During the onsite inspection, I observed:

- The seal and caulk on the windows in bedroom #3 and the attached bathroom was worn off and appeared dirty.
- The glaze in the bathtub was worn and the tub was stained.

#### **IV. RECOMMENDATION**

An acceptable corrective action plan has been received. Renewal of the license is recommended.



08/17/2021

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Kristen Donnay  
Licensing Consultant

Date