



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

ORLENE HAWKS  
DIRECTOR

August 17, 2021

Kathleen Swantek  
Blue Water Developmental Housing, Inc. Ste 1  
1600 Gratiot  
Marysville, MI 48040

RE: License #: AS740298389  
**Springborn Home**  
**320 Tenth Street**  
**Marysville, MI 48040**  
**AMENDED REPORT**  
**Original Report Dated: July 20, 2021**

Dear Ms. Swantek:

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 and a date.

A six-month provisional license is recommended. If you do not contest the issuance of a provisional license, you must indicate so in writing; this may be included in your corrective action plan or in a separate document. If you contest the issuance of a provisional license, you must notify this office in writing and an administrative hearing will be scheduled. Even if you contest the issuance of a provisional license, you must still submit an acceptable corrective action plan within 15 days.

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 "L. Reed".

LaShonda Reed, Licensing Consultant  
Bureau of Community and Health Systems  
4th Floor, Suite 4B  
51111 Woodward Avenue  
Pontiac, MI 48342  
(586) 676-2877

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

**I. IDENTIFYING INFORMATION**

<b>License#:</b>	AS740298389
<b>Licensee Name:</b>	Blue Water Developmental Housing, Inc.
<b>Licensee Address:</b>	Ste 1 1600 Gratiot Marysville, MI 48040
<b>Licensee Telephone #:</b>	(810) 388-1200
<b>Licensee/Licensee Designee:</b>	Kathleen Swantek
<b>Administrator:</b>	Kathleen Swantek
<b>Name of Facility:</b>	Springborn Home
<b>Facility Address:</b>	320 Tenth Street Marysville, MI 48040
<b>Facility Telephone #:</b>	(810) 388-0656
<b>Original Issuance Date:</b>	01/21/2009
<b>Capacity:</b>	6
<b>Program Type:</b>	DEVELOPMENTALLY DISABLED

## II. METHODS OF INSPECTION

Date of On-site Inspection(s): 07/15/2021

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 4

No. of others interviewed 1 Role: Home Manager

- Medication pass / simulated pass observed? Yes  No  If no, explain.  
I observed medications.
- 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.  
I observed adequate food supply.
- 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:

**R 400.14208                      Direct care staff and employee records.**

1) A licensee shall maintain a record for each employee. The record shall contain all of the following employee information:

(a) Name, address, telephone number, and social security number.

(b) The professional or vocational license, certification, or registration number, if applicable.

(c) A copy of the employee's driver license if a direct care staff member or employee provides transportation to residents.

(d) Verification of the age requirement.

(e) Verification of experience, education, and training.

(f) Verification of reference checks.

(g) Beginning and ending dates of employment.

(h) Medical information, as required.

(i) Required verification of the receipt of personnel policies and job descriptions.

There were no employee records onsite.

**R 400.14301                      Resident admission criteria; resident assessment plan; emergency admission; resident care agreement; physician's instructions; health care appraisal.**

(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 applicable, and the licensee. A licensee shall maintain a copy of the resident's written assessment plan on file in the home.

I observed that there were no *Assessment Plans* in Resident A and Resident B's resident record for 2019 or 2020.

**R 400.14301**

**Resident admission criteria; resident assessment plan; emergency admission; resident care agreement; physician's instructions; health care appraisal.**

(6) At the time of a resident's admission, a licensee shall complete a written resident care agreement. A resident care agreement is the document which is established between the resident or the resident's designated representative, the responsible agency, if applicable, and the licensee and which specifies the responsibilities of each party. A resident care agreement shall include all of the following:

(a) An agreement to provide care, supervision, and protection, and to assure transportation services to the resident as indicated in the resident's written assessment plan and health care appraisal.

(b) A description of services to be provided and the fee for the service.

(c) A description of additional costs in addition to the basic fee that is charged.

(d) A description of the transportation services that are provided for the basic fee that is charged and the transportation services that are provided at an extra cost.

(e) An agreement by the resident or the resident's designated representative or responsible agency to provide necessary intake information to the licensee, including health-related information at the time of admission.

(f) An agreement by the resident or the resident's designated representative to provide a current health care appraisal as required by subrule (10) of this rule.

(g) An agreement by the resident to follow the house rules that are provided to him or her.

(h) An agreement by the licensee to respect and safeguard the resident's rights and to provide a written copy of these rights to the resident.

(i) An agreement between the licensee and the resident or the resident's designated representative to follow the home's discharge policy and procedures.

(j) A statement of the home's refund policy. The home's refund policy shall meet the requirements of R 400.14315.

(k) A description of how a resident's funds and valuables will be handled and how the incidental needs of the resident will be met.

(l) A statement by the licensee that the home is licensed by the department to provide foster care to adults.

I observed that there were no *Resident Care Agreements* in Resident A and Resident B's resident record for 2020.

**R 400.14311 Investigation and reporting of incidents, accidents, illnesses, absences, and death.**

Investigation and reporting of incidents, accidents, illnesses, absences, and death.

(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:

(b) Any accident or illness that requires hospitalization.

- There were incident reports written for Resident A on 04/01/2019 and 03/02/2019 that were not sent to the licensing department.
- There was an incident report written for Resident B on 09/27/2020 and was not sent to the licensing department.

**REPEAT VIOLATION ESTABLISHED**

**Reference Licensing Study Report 07/17/2019 and corrective action plan (CAP) approved on 07/31/2019.**

**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:

(e) Not adjust or modify a resident's prescription medication without instructions from a physician or a pharmacist who has knowledge of the medical needs of the resident. A licensee shall record, in writing, any instructions regarding a resident's prescription medication.

I observed that Resident A had six medications that were initialed on the medication administration record (MAR) from 07/01/2021 to 07/14/2021 however, the medications were still in the medication packs from 07/01/2021 to 07/14/2021.

**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.

In November 2019, there was no sleeping hours fire drill conducted in the fourth quarter.

**R 400.14310**

**Resident health care.**

(3) A licensee shall record the weight of a resident upon admission and monthly thereafter. Weight records shall be kept on file for 2 years.

Resident B did not have monthly weights recorded on the weight record for January, February, March, and April of 2020.

**IV. RECOMMENDATION**

Contingent upon receipt of an acceptable corrective action plan, issuance of a provisional license is recommended.



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LaShonda Reed  
Licensing Consultant

Date: 07/20/2021

Approved by:



Denise Y. Nunn  
Area Manager

07/20/2021  
Date:

**Continued.....**



**AMENDED REPORT**  
**Licensing Study Report dated July 20, 2021**

**PURPOSE OF AMENDMENT**

The purpose of the amended report is to change the recommendation from a provisional license to a regular license.

**METHODOLOGY**

On 08/04/2021, I conducted a phone exit conference with Kathy Swantek, licensee designee and Vonda Wiley, administrator.

On 08/14/2021, I received the CAP and supporting documents.

**DESCRIPTION OF FINDINGS AND CONCLUSION**

On 08/04/2021, Ms. Wiley expressed that she missed the inspection due to attending a hiring fair. Ms. Wiley said that they have been short-staffed, and the renewal inspection was missed due to staffing priority. Ms. Swantek added that they both missed the email I sent informing them of what files would be reviewed. Ms. Wiley apologized for not having the employee records sent from the central office. I informed them that the resident and employee files should be available for review when licensing is onsite. Ms. Wiley said that she would send the missing employee records with the corrective action plan (CAP). Ms. Swantek and Ms. Wiley explained the medication error. We discussed if the medications are popped out of the pill pack on the incorrect date, the medication administrator should initial and date the pill pack next to the pill used.

On 08/14/2021, I reviewed the CAP and observed that there were four missing documents in the employee record. Ms. Wiley replied via email that it was mistake and resent the employee records that were missing.

The CAP received on 08/14/2021 was acceptable. The licensee designee and administrator also provided the missing employee records and explained the medication error.

**RECOMMENDATION**


An acceptable corrective action plan was received. I recommend renewal of the license and no modification to the status of the license.



LaShonda Reed  
Licensing Consultant

Date: 08/16/2021

Approved by:



Denise Y. Nunn  
Area Manager

08/17/2021  
Date: