



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

ORLENE HAWKS
DIRECTOR

August 23, 2021

Patricia Roberts
Summers Living System Inc
PO Box 642
Flushing, MI 48433-0642

RE: License #: AS250010885
Investigation #: 2021A0569034
Shumpert Home

Dear Ms. Roberts:

Attached is the Special Investigation Report for the above referenced facility. Due to the violations identified in the report, a written corrective action plan was required. On August 9, 2021, you submitted an acceptable written corrective action plan.

It is expected that the corrective action plan be implemented within the specified time frames as outlined in the approved plan.

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 contact the local office at (517) 284-9730.

Sincerely,

A handwritten signature in blue ink, reading "Kent W. Gieselman".

Kent W Gieselman, Licensing Consultant
Bureau of Community and Health Systems
611 W. Ottawa Street
P.O. Box 30664
Lansing, MI 48909
(810) 931-1092

enclosure

**MICHIGAN DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
BUREAU OF COMMUNITY AND HEALTH SYSTEMS
SPECIAL INVESTIGATION REPORT**

I. IDENTIFYING INFORMATION

License #:	AS250010885
Investigation #:	2021A0569034
Complaint Receipt Date:	07/27/2021
Investigation Initiation Date:	07/28/2021
Report Due Date:	09/25/2021
Licensee Name:	Summers Living System Inc
Licensee Address:	5514 W Vienna Rd Clio, MI 48420
Licensee Telephone #:	(810) 640-8740
Administrator:	Patricia Roberts
Licensee Designee:	Patricia Roberts
Name of Facility:	Shumpert Home
Facility Address:	5514 W. Vienna Rd. Clio, MI 48420
Facility Telephone #:	(810) 687-4800
Original Issuance Date:	07/17/1989
License Status:	REGULAR
Effective Date:	07/18/2020
Expiration Date:	07/17/2022
Capacity:	6
Program Type:	DEVELOPMENTALLY DISABLED

II. ALLEGATION(S)

	Violation Established?
• There are no current health care appraisals in the home.	No
• There are no physician's orders in the home.	No
• Medication blister packs were observed left out on the kitchen counter.	No
• The kitchen ceiling paint is peeling	Yes
• The outside railing is loose and wobbling.	Yes
• The steam radiators do not have covers.	Yes

III. METHODOLOGY

07/27/2021	Special Investigation Intake 2021A0569034
07/28/2021	Special Investigation Initiated - Telephone Contact with ORR.
08/05/2021	Contact - Telephone call made Contact with Chris Havens, GHS case manager.
08/05/2021	Contact - Telephone call received Contact with Patricia Roberts, licensee designee.
08/09/2021	Inspection Completed On-site
08/09/2021	Inspection Completed-BCAL Sub. Compliance
08/09/2021	Exit Conference Exit conference with Patricia Roberts. Licensee designee.
08/09/2021	Corrective Action Plan Received Patricia Roberts, licensee designee requested closure of this license.

08/09/2021	Corrective Action Plan Approved
08/23/2021	Corrective Action Plan Requested and Due on 08/09/2021

ALLEGATION:

There are no current health care appraisals in the home.

INVESTIGATION:

This complaint was received from the Adult Protective Services central intake department. The complainant reported that none of the resident files contain current health care appraisals. The complainant did not report any additional information.

Chris Havens, Genesee Health Systems case manager, stated on 8/5/21 that there were three residents residing in this facility and that she was the case manager for all three residents. Ms. Havens stated that she has moved all of the residents to other facilities and that there are no resident currently residing in this facility. Ms. Havens stated that she visited the residents at the facility on 7/27/21, and the staff could not locate any of the resident health care appraisals.

Patricia Roberts, licensee designee, stated on 8/5/21 that she does have all of the resident documentation in the facility. Ms. Roberts stated that she had three residents residing in this facility and that Ms. Havens was the case manager for all three of the residents. Ms. Roberts stated that Ms. Havens does "no like" Ms. Roberts or the staff at this facility and has been "causing trouble" ever since she became the residents' case manager. Ms. Roberts stated that all three of the residents have been moved to other facilities and she has no other residents residing in this facility. Ms. Roberts stated that she wants to close this facility and requested that the license be closed. Ms. Roberts stated that the day Ms. Havens came to the facility and the staff could not find the health care appraisals, she came to the facility to show the staff where they were located, but Ms. Havens had already left the facility. Ms. Roberts stated that she then faxed the health care appraisals to Ms. Havens.

An inspection of this facility was conducted on 8/9/21. It was verified that there are no residents in this facility. The resident files did contain current health care appraisals.

APPLICABLE RULE	
R 400.14301	Resident admission criteria; resident assessment plan; emergency admission; resident care agreement; physician's instructions; health care appraisal.
	(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.
ANALYSIS:	The complainant reported that there are no current health care appraisals for the residents in this facility. Ms. Haven stated that she has moved all of the residents to other facilities and that there are no remaining residents in this facility. Ms. Roberts stated that Ms. Haven does not like her or the staff at this facility and has "caused problems" since becoming the case manager for all of the residents. Ms. Roberts stated that she went to the facility to show the staff where the health care appraisals were, but Ms. Haven had already left the facility, so she faxed them to Ms. Haven. The resident files were observed to have current health care appraisals when inspected on 8/9/21. Based on the statements given and documentation reviewed it is determined that there has been no violation of this rule.
CONCLUSION:	VIOLATION NOT ESTABLISHED

ALLEGATION:

There are no physician's orders in the home.

INVESTIGATION:

The complainant reported that there are no current physician orders for the residents in this facility. The complainant did not report any additional information.

Ms. Roberts stated that the physician orders were in the same files as the resident health care appraisals. Ms. Roberts stated that all of the resident physician orders were in the facility.

The resident files were reviewed during the inspection on 8/9/21. The three resident files all contained current physician orders.

APPLICABLE RULE	
R 400.14301	Resident admission criteria; resident assessment plan; emergency admission; resident care agreement; physician's instructions; health care appraisal.
	(11) A licensee shall contact a resident's physician for instructions as to the care of the resident if the resident requires the care of a physician while living in the home. A licensee shall record, in the resident's record, any instructions for the care of the resident.
ANALYSIS:	All of the resident files were reviewed on 8/9/21. All of the resident files contained current physician orders. Based on the documentation reviewed it is determined that there has been no violation of this rule.
CONCLUSION:	VIOLATION NOT ESTABLISHED

ALLEGATION:

Medication blister packs were observed left out on the kitchen counter.

INVESTIGATION:

The complainant reported that medication blister packs were observed lying on the kitchen counter. The complainant did not report any additional information.

Ms. Roberts stated that the only reason the resident medication blister packs would be out on the kitchen counter is because staff was administering the medications. Ms. Roberts stated that when she arrived at the facility on 7/27/21, the staff were administering the resident's medications. Ms. Roberts stated that when the staff finish administering the resident medications, the blister packs are locked back in the medication cabinet.

There were no remaining medications in this facility when inspected on 8/9/21. There were no blister packs observed on the kitchen counter during the inspection on 8/9/21.

APPLICABLE RULE	
R 400.14312	Resident medications.
	(1) Prescription medication, including dietary supplements, or individual special medical procedures shall be given, taken, or applied only as prescribed by a licensed physician or dentist. Prescription medication shall be kept in the original pharmacy-supplied container, which shall be labeled for the specified resident in accordance with the requirements of Act No. 368 of the Public Acts of 1978, as amended, being {333.1101 et seq. of the Michigan Compiled Laws, kept with the equipment to administer it in a locked cabinet or drawer, and refrigerated if required.
ANALYSIS:	The complainant reported that they observed medications left out on the kitchen counter. Ms. Roberts stated that the medications were out because staff were administering the medications. No medications were observed on the counter on 8/9/21. Based on the statements given, there is not a preponderance of evidence to support a violation of this rule.
CONCLUSION:	VIOLATION NOT ESTABLISHED

ALLEGATION:

The kitchen ceiling paint is peeling

INVESTIGATION:

The complainant reported that the paint on the ceiling of the kitchen is peeling off. The complainant did not report any additional information.

The kitchen ceiling was observed during the inspection on 8/9/21. A large area of the ceiling was observed to have peeling paint.

Ms. Roberts stated that the ceiling paint has been peeling, but that she was promised by GHS that they would repair the ceiling. Ms. Roberts stated that she was a contracted facility with GHS and that as part of the contract GHS pays for repairs of the facility. Ms. Roberts stated that GHS closed the contract with her when Ms. Haven moved all three of the residents to other facilities.

APPLICABLE RULE	
R 400.14403	Maintenance of premises.
	(5) Floors, walls, and ceilings shall be finished so as to be easily cleanable and shall be kept clean and in good repair.
ANALYSIS:	The kitchen ceiling was observed to have a large area of peeling paint when inspected on 8/9/21. Based on the observation made, it is determined that there has been a violation of this rule.
CONCLUSION:	VIOLATION ESTABLISHED

ALLEGATION:

The outside railing is loose and wobbling.

INVESTIGATION:

The complainant reported that the railing on the outside staircase is loose and “wobbling”. The complainant did not report any additional information.

The railing was observed to be loose during the inspection on 8/9/21. The railing was observed to move side to side when pressure was applied by hand.

Ms. Roberts stated that the railing has been loose and is another repair that GHS promised to take care of. Ms. Roberts stated that this is another thing that Ms. Haven has “nitpicked” even though she was waiting for GHS to send someone out to make the repairs.

APPLICABLE RULE	
R 400.14403	Maintenance of premises.
	(8) Stairways shall have sturdy and securely fastened handrails. The handrails shall be not less than 30, nor more than 34, inches above the upper surface of the tread. All exterior and interior stairways and ramps shall have handrails on the open sides. All porches and decks that are 8 inches or more above grade shall also have handrails on the open sides.

ANALYSIS:	The handrail on the exterior staircase was observed to be loose during the inspection on 8/9/21. Based on the observation made it is determined that there has been a violation of this rule.
CONCLUSION:	VIOLATION ESTABLISHED

ALLEGATION:

The steam radiators do not have covers.

INVESTIGATION:

The radiators in this facility were inspected during the inspection on 8/9/21. The steam radiators in the kitchen were missing heat shields.

Ms. Roberts stated that the heat shields have been missing for a few months. Ms. Roberts stated that GHS also promised to repair the radiator shields.

APPLICABLE RULE	
R 400.14510	Heating equipment generally.
	(4) Hot water pipes and steam radiators that are located in resident-occupied areas shall be shielded to protect against burns.
ANALYSIS:	The radiators in the kitchen were observed to be missing shields when inspected on 8/9/21. Based on the observation made, it is determined that there has been a violation of this rule.
CONCLUSION:	VIOLATION ESTABLISHED

An exit conference was conducted with Patricia Roberts, licensee designee, on 8/9/21. Ms. Roberts agreed with the findings in this report. Ms. Roberts stated that she will no longer operate this facility and requested that the license be closed. It was verified on 8/9/21 that there are no residents residing in this facility.

IV. RECOMMENDATION

Patricia Roberts, licensee designee, has requested that this license be closed. I recommend that this investigation be closed, and Ms. Robert's request be granted.

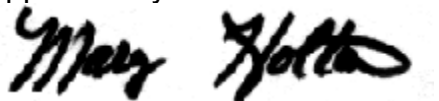


8/23/21

Kent W Gieselman
Licensing Consultant

Date

Approved By:



8/23/21

Mary E Holton
Area Manager

Date