



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

ORLENE HAWKS
DIRECTOR

October 8, 2021

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

RE: License #: AS500396887
Nottingham
80525 Belle River Road
Memphis, MI 48041

Dear Mrs. 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 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 (248) 975-5053.

Sincerely,

A handwritten signature in cursive script that reads "Kristine Cilluffo".

Kristine Cilluffo, Licensing Consultant
Bureau of Community and Health Systems
4th Floor, Suite 4B
51111 Woodward Avenue
Pontiac, MI 48342
(248) 285-1703

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

I. IDENTIFYING INFORMATION

License #:	AS500396887
Licensee Name:	Blue Water Developmental Housing, Inc.
Licensee Address:	1600 Gratiot, Ste 1 Marysville, MI 48040
Licensee Telephone #:	(810) 388-1200
Licensee/Licensee Designee:	Kathleen Swantek
Administrator:	Kathleen Swantek
Name of Facility:	Nottingham
Facility Address:	80525 Belle River Road Memphis, MI 48041
Facility Telephone #:	(810) 392-2524
Original Issuance Date:	03/12/2019
Capacity:	6
Program Type:	DEVELOPMENTALLY DISABLED

II. METHODS OF INSPECTION

Date of On-site Inspection(s): 09/13/2021

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 2

No. of others interviewed 0 Role: [REDACTED]

- Medication pass / simulated pass observed? Yes No If no, explain.
Reviewed medication passing procedure with home manager.
- 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.
Inspection did not occur during a meal preparation.
- 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:
CAP date- 09/15/2019- AS403(1) 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 400.14306	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.
Resident A did not have physician authorization for use of gait belt and toilet chair in file.	

R 400.14312	Resident medications.
	(2) Medication shall be given, taken, or applied pursuant to label instructions.
<p>The instructions on the pill pack for Resident B's Diazepam Tablet did not match the medication log. The pill pack indicated Diazepam Tablet 2 mg - take 1 tablet by mouth twice a day as needed for increased agitation (PRN). The medication log indicated Diazepam Tablet 5 mg - take ½ tablet twice daily as needed.</p> <p>Resident A's September 2021 medication log indicated that staff administered Meloxicam 15 mg and Nystatin Powder, however, the medications were not available in the home. The medications were initialed on the medication log by staff on the day of the inspection. There were no orders discontinuing this medication.</p>	

R 400.14312	Resident medications.
	<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> <p style="padding-left: 40px;">(b) Complete an individual medication log that contains all of the following information:</p> <p style="padding-left: 80px;">(v) The initials of the person who administers the medication, which shall be entered at the time the medication is given.</p>

Resident A's medication log was not initialed by staff on 09/07/2021 for Lorazepam Tablet 1 mg at 4:00 pm and 8:00 pm.

Resident A's medication log indicated that back up, paper medication log was completed by staff for Resident A's Lorazepam Tablet on 09/09/2021 at 4:00 pm and 8:00 pm. However, the staff's initials were not found on the paper medication log. The home manager stated that the backup log is completed when staff are unable to record initials on the computer's Quick MAR system.

Resident A's September 2021 medication log indicated that Resident A was given Meloxicam 15 mg and Nystatin Powder 1000000. On 09/13/2021, staff initialed the medication log. However, the medications were not available in the home during the onsite inspection to administer.

R 400.14403	Maintenance of premises.
	(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 that the paint on the back deck was peeling.	
REPEAT VIOLATION ESTABLISHED Reference LSR dated 09/05/2019, CAP dated 09/19/2019	

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.
During the onsite inspection, I observed cracked tile in the kitchen, near the entrance to the living room.	

R 400.14505	Smoke detection equipment; location; battery replacement; testing, examination, and maintenance; spacing of detectors mounted on ceilings and walls; installation requirements for new construction, conversions and changes of category.
	(4) Detectors shall be tested, examined, and maintained as recommended by the manufacturer.

During the onsite inspection, the homes smoke detectors did not sound when the fire alarm system was tested.

IV. RECOMMENDATION

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



09/13/2021

Kristine Cilluffo
Licensing Consultant

Date