



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

ORLENE HAWKS
DIRECTOR

October 4, 2021

Kathleen Sparrow-Dinzik
White Oaks, A Randall Residence
300 White Oak Road
Lawton, MI 49065

RE: License #: AL800315841
White Oaks Assisted Living - I
300 White Oak Road
Lawton, MI 49065

Dear Ms. Sparrow-Dinzik:

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 (517) 284-9730.

Sincerely,

A handwritten signature in black ink that reads "Cathy Cushman". The signature is written in a cursive, flowing style.

Cathy Cushman, Licensing Consultant
Bureau of Community and Health Systems
611 W. Ottawa Street
P.O. Box 30664
Lansing, MI 48909
(269) 615-5190

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

I. IDENTIFYING INFORMATION

License #: AL800315841

Licensee Name: White Oaks, A Randall Residence

Licensee Address: 300 White Oak Road
Lawton, MI 49065

Licensee Telephone #: (269) 624-4811

Licensee Designee: Kathleen Sparrow-Dinzik

Administrator: Kathleen Sparrow-Dinzik

Name of Facility: White Oaks Assisted Living - I

Facility Address: 300 White Oak Road
Lawton, MI 49065

Facility Telephone #: (269) 624-4811

Original Issuance Date: 04/01/2013

Capacity: 20

Program Type: PHYSICALLY HANDICAPPED
DEVELOPMENTALLY DISABLED
MENTALLY ILL
AGED

II. METHODS OF INSPECTION

Date of On-site Inspection(s): 09/21/2021- completed virtually via Zoom due to Covid positive individuals in facility

Date of Bureau of Fire Services Inspection if applicable: 08/27/2021 – C rating

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 2
No. of residents interviewed and/or observed 11
No. of others interviewed [redacted] Role: [redacted]

- 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.
Due to time of on-site inspection, a meal was not observed
- 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.
On-site inspection was virtual; therefore, water temperatures were not taken
- 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? 2 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 400.15301 **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.

FINDING: Out of the four resident files I reviewed, Resident D did not have an *Assessment Plan for AFC Residents* for review.

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.

FINDING: Out of the four resident files I reviewed, Resident A had an outdated Resident Care Agreement, which was dated 08/10/2015, indicating the RCA was not reviewed on an annual basis, as required.

R 400.15315 **Handling of resident funds and valuables.**

(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.

FINDING: Upon review of four resident files, none of them had Adult Foster Care payments being documented on *Resident Funds II* forms, as required.

R 400.15316

Resident records.

(1)(g) Weight record.

FINDING: Upon review of four resident files, none of them had monthly weight records available for review.

IV. RECOMMENDATION

Contingent upon receipt of an acceptable corrective action plan and an approved fire inspection from the Bureau of Fire Services, renewal of the license is recommended.



10/04/2021

Date

Licensing Consultant