

GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS LANSING

ORLENE HAWKS DIRECTOR

November 19, 2021

Nanette Schwentor Serenity Senior Living, LLC 3146 Vincent Rd Clyde, MI 48049

RE: License #: AS740293119

Serenity Senior Living, LLC

3146 Vincent Rd Clyde, MI 48049

Dear Ms. Schwentor:

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.

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,

Kristine Cilluffo, Licensing Consultant

Bureau of Community and Health Systems

4th Floor, Suite 4B

51111 Woodward Avenue

Pontiac, MI 48342

(248) 285-1703

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

I. IDENTIFYING INFORMATION

| License #: | AS740293119 | |
|-----------------------------|---------------------------------|--|
| | | |
| Licensee Name: | Serenity Senior Living, LLC | |
| | | |
| Licensee Address: | 3146 Vincent Rd | |
| | Clyde, MI 48049 | |
| | | |
| Licensee Telephone #: | (810) 531-5436 | |
| | | |
| Licensee/Licensee Designee: | Nanette Schwentor | |
| | | |
| Administrator: | Nanette Schwentor | |
| Name of Facility | Committee Coming Linius and LLC | |
| Name of Facility: | Serenity Senior Living, LLC | |
| Facility Address: | 3146 Vincent Rd | |
| l acinty Address. | Clyde, MI 48049 | |
| | Olyde, Wil 40040 | |
| Facility Telephone #: | (810) 531-5436 | |
| | | |
| Original Issuance Date: | 03/17/2009 | |
| Capacity: | 6 | |
| | | |
| Program Type: | PHYSICALLY HANDICAPPED | |
| | AGED | |
| | ALZHEIMERS | |

II. METHODS OF INSPECTION

| Date | Date of On-site Inspection(s): | | 09/23/2021 | | | |
|---|---|-------------------------|------------|-------------------------------------|--|--|
| Date | Date of Bureau of Fire Services Inspection if applicable: N/A | | | | | |
| Date | of Health Authority Ins | spection if applicable: | | 10/03/2021 | | |
| Inspe | ection Type: | ☐ Interview and Obs | servatior | n ⊠ Worksheet □ Full Fire Safety | | |
| No. of staff interviewed and/or observed 1 No. of residents interviewed and/or observed 5 No. of others interviewed 1 Role: Licensee Designee | | | | | | |
| • 1 | Medication pass / simu | ılated pass observed? | ' Yes ⊠ | No 🗌 If no, explain. | | |
| • 1 | 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 preperation. Fire drills reviewed? Yes ∑ No ☐ If no, explain. | | | | | |
| • 1 | Fire safety equipment and practices observed? Yes $igtimes$ No $igcup$ If no, explain. | | | | | |
| l | E-scores reviewed? (Special Certification Only) Yes ☐ No ☐ N/A ☐ If no, explain. Water temperatures checked? Yes ☐ No ☐ If no, explain. | | | | | |
| • 1 | Incident report follow-up? Yes ⊠ No □ If no, explain. | | | | | |
| (| Corrective action plan compliance verified? Yes \boxtimes CAP date/s and rule/s: CAP date 09/19/2019- AS301(10), AS301(4), AS301(9), AS318(5) N/A \boxtimes Number of excluded employees followed-up? N/A \boxtimes | | | | | |
| • \ | Variances? Yes ☐ (pl | ease explain) No 🖂 | N/A | | | |

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

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

| R 400.14204 | Direct care staff; qualifications and training. |
|-------------------------------------|---|
| | (3) A licensee or administrator shall provide in-service training or make training available through other sources to direct care staff. Direct care staff shall be competent before performing assigned tasks, which shall include being competent in all of the following areas: (d) Personal care, supervision, and protection. |
| Staff, Kandi Willis and protection. | s, did not have verification of training in personal care, supervision |
| R 400.14205 | Health of a licensee, direct care staff, administrator, other employees, those volunteers under the direction of the licensee, and members of the household. |
| | (6) A licensee shall annually review the health status of the administrator, direct care staff, other employees, and members of the household. Verification of annual reviews shall be maintained by the home and shall be available for department review. |
| Staff, Kandi Willis | s, did not have an annual health care review in employee file. |
| 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. |

| Resident A did not have an updated health care appraisal. Resident A's last health care appraisal was completed on 07/21/2020. | | | | |
|--|--|--|--|--|
| REPEAT VIOLATION ESTABLISHED. LSR dated 09/19/2019, CAP dated 09/19/2019 | | | | |
| R 400.14313 | Resident nutrition. | | | |
| | (5) Records of menus, including special diets, as served shall be provided upon request by the department. | | | |
| The home did not have a record of menus for Resident A's diabetic diet. | | | | |

IV. RECOMMENDATION

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

| Kristine Cillylo | 11/19/2021 |
|----------------------|------------|
| Kristine Cilluffo | Date |
| Licensing Consultant | |