

RICK SNYDER GOVERNOR

## STATE OF MICHIGAN DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS LANSING

SHELLY EDGERTON DIRECTOR

April 19, 2018

Dean Solden
The Lodge of Durand Memory Care, LLC
Suite 2A
4488 Jackson Road
Ann Arbor, MI 48103

RE: License #: AL780360986

Lodge of Durand MC South 8800 E. Monroe Road Durand, MI 48429

Dear Mr. Solden:

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. To verify your implementation and compliance with this corrective action plan:

• You are to submit documentation of 2<sup>nd</sup> quarter fire drills by July 15, 2018.

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 (517) 284-9720.

Sincerely,

Julie Elkins, Licensing Consultant

Bureau of Community and Health Systems

611 W. Ottawa Street

P.O. Box 30664

Julia Ellis

Lansing, MI 48909

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

#### I. IDENTIFYING INFORMATION

**License #:** AL780360986

**Licensee Name:** The Lodge of Durand Memory Care, LLC

Licensee Address: Suite 2A

4488 Jackson Road Ann Arbor, MI 48103

**Licensee Telephone #:** (989) 288-6561

Licensee Designee: Dean Solden

Administrator: Lisa Matznick

Name of Facility: Lodge of Durand MC South

Facility Address: 8800 E. Monroe Road

Durand, MI 48429

**Facility Telephone #:** (989) 288-6561

Original Issuance Date: 10/21/2015

Capacity: 20

Program Type: PHYSICALLY HANDICAPPED

**AGED** 

**ALZHEIMERS** 

## II. METHODS OF INSPECTION

Date	e of On-site Inspection	04/19/2018	
Date of Bureau of Fire Services Inspection if applicable:			11/08/2017
Date of Health Authority Inspection if applicable:			N/A
Inspection Type:		☐ Interview and Observation☐ Combination	n ⊠ Worksheet □ Full Fire Safety
No. of staff interviewed and/or observed 3 No. of residents interviewed and/or observed 10 No. of others interviewed 2 Role: guardian and administrator			
•	Medication pass / simulated pass observed? Yes $igtimes$ No $igcup$ If no, explain.		
•	Medication(s) and medication record(s) reviewed? Yes $oximes$ No $oximes$ If no, explain		
•	Resident funds and associated documents reviewed for at least one resident? Yes $\boxtimes$ No $\square$ If no, explain.  Meal preparation / service observed? Yes $\square$ No $\boxtimes$ If no, explain. inspection was not around meal time.  Fire drills reviewed? Yes $\boxtimes$ No $\square$ If no, explain.		
•	Fire safety equipment and practices observed? Yes $oximes$ No $oximes$ If no, explain.		
•	E-scores reviewed? (Special Certification Only) Yes \( \subseteq \text{No} \subseteq \text{N/A} \text{ \index} \) If no, explain. Water temperatures checked? Yes \( \subseteq \text{ No} \subseteq \text{ If no, explain.} \)		
•	Incident report follow-up? Yes ⊠ No ☐ If no, explain.		
•	Corrective action plan compliance verified? Yes  CAP date/s and rule/s: al402 (5) CAP 4/13/2016 N/A Number of excluded employees followed-up? N/A		
•	Variances? Yes ☐ (p	olease explain) No 🗌 N/A 🔀	

## **III. DESCRIPTION OF FINDINGS & CONCLUSIONS**

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

R 400.15318 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.

All fire drill records were not available for review at the time of the inspection.

A corrective action plan was requested and approved on 04/19/2018. It is expected that the corrective action plan be implemented within the specified time frames as outlined in the approved plan. A follow-up evaluation may be made to verify compliance. Should the corrections not be implemented in the specified time, it may be necessary to reevaluate the status of your license.

## IV. RECOMMENDATION

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

Julie Elkins Date Licensing Consultant