

GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS LANSING

ORLENE HAWKS DIRECTOR

July 12, 2019

Jeanette Glasscoe Loving Care & Comfort LLC 414 Leland Pl Lansing, MI 48917

RE: License #: AS230392758

Loving Care & Comfort LLC 4406 Elmshaven Drive Lansing, MI 48917

Dear Ms. Glasscoe:

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 compliance for each violation cited by 08/30/2019.

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 Ellin

Lansing, MI 48909

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

I. IDENTIFYING INFORMATION

License #: AS230392758

Licensee Name: Loving Care & Comfort LLC

Licensee Address: 414 Leland PI

Lansing, MI 48917

Licensee Telephone #: (517) 391-4572

Licensee Designee: Jeanette Glasscoe

Administrator: Jeanette Glasscoe

Name of Facility: Loving Care & Comfort LLC

Facility Address: 4406 Elmshaven Drive

Lansing, MI 48917

Facility Telephone #: (517) 391-4572

Original Issuance Date: 01/14/2019

Capacity: 6

Program Type: DEVELOPMENTALLY DISABLED

MENTALLY ILL

II. METHODS OF INSPECTION

Date of On-site Inspection(s): 07/12	2/2019
Date of Bureau of Fire Services Inspection if applicable: N/A	
Date of Health Authority Inspection if applicable: N/A	
Inspection Type: ☐ Interview and Observation ☐ Worksheet ☐ Combination ☐ Full Fire Safe	ety
No. of staff interviewed and/or observed No. of residents interviewed and/or observed No. of others interviewed 0 Role:	
Medication pass / simulated pass observed? Yes ⊠ No ☐ If no, exp	olain.
Medication(s) and medication record(s) reviewed? Yes ⊠ No □ If n	o, explain
 Resident funds and associated documents reviewed for at least one review No If no, explain. Meal preparation / service observed? Yes No If no, explain. inspection was not durning meal time Fire drills reviewed? Yes No If no, explain. 	sident?
• Fire safety equipment and practices observed? Yes ⊠ No ☐ If no, €	explain.
 E-scores reviewed? (Special Certification Only) Yes ☐ No ☒ N/A ☐ If no, explain. not available for review at the time of inspection. 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 ro 07/11/2018, MCL 700.734 (b), 806 (1), 806 (3), 103 (1)(b)(i)(ii), 103 (4), 205 (5), 206 (5), 207 (2), 207 (3), 208 (1), 210, 301 (2), 301 (4), 301 (6), 304 (1), N/A Number of excluded employees followed-up? N/A), 205 (3),
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 330.1803 Facility environment; fire safety.

(5) The capability of the clients to evacuate a facility in the event of a fire shall be assessed using methods described in appendix f of the 1985 life safety code of the national fire protection association. Appendix f of the 1985 life safety code of the national fire protection association is adopted by reference as part of these rules. A copy of the adopted appendix f is available from the Department of Mental Health, Lewis Cass Building, Lansing, MI 48913, at cost. A copy of appendix f may also be obtained from the National Fire Protection Association Library, Battermarch Park, P.O. Box 9101, Quincy, Massachusetts 02269-9101, 1-800-344-3555. A prepaid fee may be required by the national fire protection association for a copy of appendix f. A price quote for copying of these pages may be obtained from the national fire protection association.

E-scores were not available for review at the time of the renewal inspection.

R 400.14203 Licensee and administrator training requirements.

- (1) A licensee and an administrator shall complete the following educational requirements specified in subdivision (a) or (b) of this subrule, or a combination thereof, on an annual basis:
- (a) Participate in, and successfully complete, 16 hours of training designated or approved by the department that is relevant to the licensee's admission policy and program statement.
- (b) Have completed 6 credit hours at an accredited college or university in an area that is relevant to the licensee's admission policy and program statement as approved by the department.

Jeanette Glasscoe, Licensee Designee and Administrator did not have documentation available to review at the time of the inspection to verify that she had completed 16 training hours.

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:
 - (b) First aid.
 - (c) Cardiopulmonary resuscitation.

DCW Harrist and DCW Rachel Glasscoe did not have documentation that they are competent in first aid and Cardiopulmonary resuscitation.

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.

(3) A licensee shall maintain, in the home, and make available for department review, a statement that is signed by a licensed physician or his or her designee attesting to the knowledge of the physical health of direct care staff, other employees, and members of the household. The statement shall be obtained within 30 days of an individual's employment, assumption of duties, or occupancy in the home.

DCW Harrist and DCW Rachel Glasscoe did not have a statement signed by a licensed physician attesting to the knowledge of the physical health of direct care staff. The statement shall be obtained within 30 days of an individual's employment or assumption of duties.

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.

(5) A licensee shall obtain written evidence, which shall be available for department review, that each direct care staff, other employees, and members of the household have been tested for communicable tuberculosis and that if the disease is present, appropriate precautions shall be taken as required by state law. Current testing shall be obtained before an individual's employment, assumption of duties, or occupancy in

the home. The results of subsequent testing shall be verified every 3 years thereafter or more frequently if necessary.

DCW Harrist and DCW Rachel Glasscoe did not have written evidence that they are free of communicable tuberculosis.

A corrective action plan was requested and approved on 07/11/2019. 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