



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

ORLENE HAWKS
DIRECTOR

October 21, 2021

Carol Wirgau
Memorial Assisted Living, LLC
826 W King Street
Owosso, MI 48867

RE: License #:	AH780364157 The Meadows 245 N. Caledonia Drive Owosso, MI 48867
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Dear Ms. Wirgau:

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 home for the aged authorized representative and a date.

Upon receipt of an acceptable corrective action plan, a regular license will be issued. If you fail to submit an acceptable corrective action plan, disciplinary action will result. Please review the enclosed documentation for accuracy and contact me with any questions. In the event that I am not available and you need to speak to someone immediately, please feel free to contact the local office at (517) 284-9730.

Sincerely,

Kimberly Horst, Licensing Staff
Bureau of Community and Health Systems
611 W. Ottawa Street
Lansing, MI 48909

enclosure

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

I. IDENTIFYING INFORMATION

License #:	AH780364157
Licensee Name:	Memorial Assisted Living, LLC
Licensee Address:	826 W King Street Owosso, MI 48867
Licensee Telephone #:	(989) 720-8823
Authorized Representative/ Administrator:	Carol Wirgau
Name of Facility:	The Meadows
Facility Address:	245 N. Caledonia Drive Owosso, MI 48867
Facility Telephone #:	(989) 720-8823
Original Issuance Date:	05/13/2015
Capacity:	61
Program Type:	ALZHEIMERS AGED

II. METHODS OF INSPECTION

Date of On-site Inspection(s): 10/20/21

Date of Bureau of Fire Services Inspection if applicable: 5/5/21

Inspection Type: ☐ Interview and Observation ☒ Worksheet
☐ Combination

Date of Exit Conference:

No. of staff interviewed and/or observed 5
No. of residents interviewed and/or observed 10
No. of others interviewed 1 Role Home Health Care

- Medication pass / simulated pass observed? Yes ☒ No ☐ If no, explain.
- Medication(s) and medication records(s) reviewed? Yes ☒ No ☐ If no, explain.
- Resident funds and associated documents reviewed for at least one resident? Yes ☐ No ☒ If no, explain. Resident funds not kept in trust
- Meal preparation / service observed? Yes ☒ No ☐ If no, explain.
- Fire drills reviewed? Yes ☐ No ☒ If no, explain.
Disaster plans reviewed and staff interviewed.
- Water temperatures checked? Yes ☒ No ☐ If no, explain.
- Incident report follow-up? Yes ☐ IR date/s: N/A ☒
- Corrective action plan compliance verified? Yes ☒ CAP date/s and rule/s:
2/18/21: R 325.1932(1); R 325.1932 (3)
11/3/20: R 325.1921; R 325.1924; R 325.1922 (5)
- Number of excluded employees followed up? N/A ☒

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

This facility was found to be in non-compliance with the following rules:	
MCL 333.20173a 5c	Covered facility; conditions of continued employment.
	<p>(5) If a covered facility determines it necessary to employ or grant clinical privileges to an applicant before receiving the results of the applicant's criminal history check or criminal history record information under this section, the covered facility may conditionally employ or grant conditional clinical privileges to the individual if all of the following apply</p> <p>(c) Except as otherwise provided in this subdivision, the covered facility does not permit the individual to have regular direct access to or provide direct services to patients or residents in the covered facility without supervision until the criminal history check or criminal history record information is obtained and the individual is eligible for that employment or clinical privileges. If required under this subdivision, the covered</p> <p>Rendered Wednesday, January 27, 2021 Page 28 Michigan Compiled Laws Complete Through PA 310 of 2020 Legislative Council, State of Michigan Courtesy of www.legislature.mi.gov facility shall provide on-site supervision of an individual in the covered facility on a conditional basis under this subsection by an individual who has undergone a criminal history check conducted in compliance with this section. A covered facility may permit an individual in the covered facility on a conditional basis under this subsection to have regular direct access to or provide direct services to patients or residents in the covered facility without supervision if all of the following conditions are met:</p> <p>(iii) If applicable, the individual provides to the department of state police a set of fingerprints on or before the expiration of 10 business days following the date the individual was conditionally employed or granted conditional clinical privileges under this subsection.</p>
Review of caregiver Lynn Howes employee record revealed she was hired and worked within another entity associated with the licensee. When Ms. Howes started employment with the facility, a background check was not completed.	
R 325.1922	Admission and retention of residents.

	<p>(7) An individual admitted to residence in the home shall have evidence of initial tuberculosis screening on record in the home that was performed within 12 months before admission. Initial screening may consist of an intradermal skin test, a blood test, a chest x-ray, or other methods recommended by the public health authority. The screening type and frequency of routine tuberculosis (TB) testing shall be determined by a risk assessment as described in the 2005 MMWR “Guidelines for Preventing the Transmission of Mycobacterium tuberculosis in Health-Care Settings, 2005” (http://www.cdc.gov/mmwr/pdf/rr/rr5417.pdf), Appendices B and C, and any subsequent guidelines as published by the centers for disease control and prevention. A home, and each location or venue of care, if a home provides care at multiple locations, shall complete a risk assessment annually. Homes that are low risk do not have to conduct annual TB testing for residents.</p>
<p>Review of the facility tuberculosis (TB) policy) read,</p> <p><i>“The Assistant ED/Director of Resident Care will forward a Physician Statement to the resident’s physician for completion, as well as a request chest x-ray report, or order for chest x-ray if one is not available from within the last 90 days, indicating no evidence of tuberculosis.”</i></p> <p>Within the policy there is no mention of the annual risk assessment. Interview with administrator Carol Wirgau revealed the facility does not complete an annual risk assessment.</p>	
R 325.1923	Employee's health.
	<p>(2) A home shall provide initial tuberculosis screening at no cost for its employees. New employees shall be screened within 10 days of hire and before occupational exposure. The screening type and frequency of routine tuberculosis (TB) testing shall be determined by a risk assessment as described in the 2005 MMWR Guidelines for Preventing the Transmission of Mycobacterium tuberculosis in Health-Care Settings, 2005? (http://www.cdc.gov/mmwr/pdf/rr/rr5417.pdf), Appendices B and C, and any subsequent guidelines as published by the centers for disease control and prevention. Each home, and each location or venue of care, if a home provides care at multiple locations, shall complete a risk assessment</p>

	annually. Homes that are low risk do not need to conduct annual TB testing for employees.
<p>Review of employee records for employees revealed employees were not properly screened for TB within 10 days of hire:</p> <p>Taylor Warner date of hire was 12/18/18. Ms. Warner received TB test on 10/8/18. Anna Fowler date of hire was 9/19/18. Ms. Fowler received TB test on 10/1/18. Ms. Howes did not complete a TB test upon hire.</p> <p>In addition, review of facility employee TB policy facility read, <i>"Newly hired staff are required to provide a copy of 2 step TB test or QuantiFERON TB blood test with results no older than 12 months."</i></p> <p>Within this policy, there is no mention of an annual risk assessment. In addition, the policy is not aligned with Home for the Aged Requirements.</p>	
R 325.1931	Employees; general provisions.
	(2) A home shall treat a resident with dignity and his or her personal needs, including protection and safety, shall be attended to consistent with the resident's service plan.
<p>Review of Resident A service plan revealed lack of information on the methods of providing care and services regarding implementation in the use of the bed rail devices, including a means for the resident to summon staff, methods for on-going monitoring of the resident, methods of monitoring the equipment by trained staff for maintenance of the device and for monitoring measurements of gaps to protect the resident from the possibility of physical harm related to entrapment, entanglement, strangulation, etc.</p>	
R 325.1932	Resident medications.
	(2) The giving, taking, or applying of prescription medications shall be supervised by the home in accordance with the resident's service plan.
<p>Review of Resident B's MAR revealed Resident B was prescribed Lorazepam Tab 0.5mg with instruction to administer one tablet by mouth every four hours as needed for mild-moderate anxiety. Resident B's service plan lacked detailed information on how the resident demonstrates anxiety/agitation and what behaviors require the administration of the medication or if staff can use nonpharmaceutical interventions.</p>	

IV. RECOMMENDATION

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

Kimberly Host

10/21/21

Date

Licensing Consultant