

GRETCHEN WHITMER
GOVERNOR

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

ORLENE HAWKS DIRECTOR

December 28, 2021

Shirley Lee 715 East Vine Street Kalamazoo, MI 49001

RE: License #: AS390346643

Ronna's Relaxation Home 717 East Vine Street Kalamazoo, MI 49001

#### Dear Shirley Lee:

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.

A six-month provisional license is recommended. If you do not contest the issuance of a provisional license, you must indicate so in writing; this may be included in your corrective action plan or in a separate document. If you contest the issuance of a provisional license, you must notify this office in writing and an administrative hearing will be scheduled. Even if you contest the issuance of a provisional license, you must still submit an acceptable corrective action plan within 15 days.

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,

Ondrea Johnson, Licensing Consultant Bureau of Community and Health Systems

Ondrea Johnson

427 East Alcott

Kalamazoo, MI 49001

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

#### I. IDENTIFYING INFORMATION

**License #:** AS390346643

Licensee Name: Shirley Lee

**Licensee Address:** 715 East Vine Street

Kalamazoo, MI 49001

**Licensee Telephone #:** (269) 382-4612

**Licensee:** Shirley Lee

Administrator: Shirley Lee

Name of Facility: Ronna's Relaxation Home

**Facility Address:** 717 East Vine Street

Kalamazoo, MI 49001

**Facility Telephone #:** (269) 382-4612

Original Issuance Date: 06/29/2015

Capacity: 5

Program Type: DEVELOPMENTALLY DISABLED

MENTALLY ILL

**AGED** 

#### **II. METHODS OF INSPECTION**

Date	e of On-site Inspection(s): 12/28/2021		
Date of Bureau of Fire Services Inspection if applicable: N/A			
Date of Health Authority Inspection if applicable: N/A			
Insp	pection Type: ☐ Interview and Observation ☐ Worksheet ☐ Combination ☐ Full Fire Safety		
No. of staff interviewed and/or observed  No. of residents interviewed and/or observed  No. of others interviewed  Role: 0			
•	Medication pass / simulated pass observed? Yes $\boxtimes$ No $\square$ If no, explain.		
•	Medication(s) and medication record(s) reviewed? Yes $\square$ No $\boxtimes$ If no, explain. No medication records were made available for the department to review. Resident funds and associated documents reviewed for at least one resident? Yes $\square$ No $\boxtimes$ If no, explain. No records of resident funds and associated documents were available for the department to review. Meal preparation / service observed? Yes $\boxtimes$ No $\square$ If no, explain.		
•	Fire drills reviewed? Yes $\square$ No $\boxtimes$ If no, explain. No record of fire drills were available for the department to review. Fire safety equipment and practices observed? Yes $\boxtimes$ No $\square$ If no, explain.		
•	E-scores reviewed? (Special Certification Only) Yes \( \subseteq \text{No} \subseteq \text{N/A} \text{ \emperatures} \) 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:  N/A ☒  Number of excluded employees followed-up?  N/A ☒		
•	Variances? Yes ☐ (please explain) No ☐ N/A ☒		

#### III. DESCRIPTION OF FINDINGS & CONCLUSIONS

The facility is in non-compliance with the following applicable rules and statutes:

#### 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 license's admission policy and program statement.

FINDINGS: Licensee, Shirley Lee, has not completed 16 hours of annual training during 2020 or 2021 as required.

#### R 400.14204 Direct care staff; qualifications and training.

- (3) A licensee or administrator shall provide in-service training or make training available through tasks, which shall include being competent in all of the following areas:
  - (a) Reporting requirements.
  - (b) First aid.
  - (c)Cardiopulmonary resuscitation
  - (d) Personal care, supervision, and protection.
  - (e)Resident rights.
  - (f) Safety and fire prevention
  - (g) Prevention and containment of communicable diseases.

FINDINGS: No records of training for staff member Yolanda Knight.

#### 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.

- (4) A licensee shall provide the department with written evidence that he or she and the administrator have been tested for communicable tuberculosis and that if the disease is present, appropriate precautions shall be taken. The results of subsequent testing shall be verified every 3 years thereafter.
- (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 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.

(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.

FINDINGS: Licensee, Shirley Lee and staff member, Yolanda Knight, do not have a current TB test available for the department to review. The annual health status of staff member, Yolanda Knight, is not able to be verified.

#### R 400.14209 Home records generally.

- (1) A licensee shall keep, maintain, and make available for the department review, all the following home records:
  - (e) A resident register.
  - (t) Menus.

FINDINGS: No record of resident register or facility menus were available for department review during the onsite renewal inspection.

#### R 400.14312 Resident medications.

- (4) When a licensee, administrator, or direct care staff member supervises the taking of medication by a resident, he or she shall comply with all of the following provisions:
  - (b) Complete an individual medication log that contains all of the following information:
  - (i) The medication.
  - (ii) The dosage.
  - (iii) Label instructions for use.
  - (iv) Time to be administered.
  - (v) The initials of the person who administers the medication, which shall be entered at the time the medication is given
  - (vi) A resident's refusal to accept prescribed medications or procedures.

FINDINGS: No record of resident individual medication logs were available for the department to review during the onsite renewal inspection. This included medication administration records for the months January 2020 through December 2021.

Licensee Shirley Lee stated she had not kept record of any administration of resident medications for either Resident A nor Resident B at any point during 2020 or 2021.

#### R 400.14316 Resident records.

- (1)A licensee shall complete, and maintain in the home, a separate record for each resident and shall provide record information as required by the department. A resident record shall include, at a minimum, all of the following information:
  - (a) Identifying information, including, at a minimum, all of the following:
  - (i) Name.
  - (ii) Social security number, date of birth, case number, and marital status.
  - (iii) Former address.
  - (iv) Name, address, and telephone number of the next of kin or the designated representative.
  - (v) Name, address, and telephone number of the person and agency responsible for the resident's placement in the home.
  - (vi) Name address, and telephone number of the preferred physician and hospital.
  - (vii) Medical insurance.
  - (viii) Funeral provisions and preferences.
  - (ix) Resident's religious preference information.
  - (b) Date of admission.
  - (c) Date of discharge and the place to which the resident was discharged.
  - (d) Health care information, including all of the following:
  - (i) Health care appraisals.
  - (ii) Medication logs.
  - (iii) Statements and instructions for supervising prescribed medication, including dietary supplements and individual special medical procedures.
  - (iv) A record of physician records
  - (v) Instructions for emergency care and advanced medical directives.
  - (e) Resident care agreement.
  - (f) Assessment plan.
  - (g) Weight Record.
  - (h) Incident reports, and accident records.

- (i) Resident funds and valuables record and resident refund agreement.
- (j) Resident grievances and complaints.

FINDINGS: Resident records not available for the department to review. There were no records for either Resident A or Resident B despite licensee Shirley Lee being aware of the inspection.

### R 400.14318 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.

FINDINGS: No record of practices of emergency and evacuation procedures were available for review during the onsite renewal inspection. This includes all periods of daytime, evening and sleeping hours for 2020 and 2021. Licensee, Shirley Lee, stated she injured her leg and was not able to practice emergency and evacuation procedures with the residents during this renewal period.

#### IV. RECOMMENDATION

Contingent upon receipt of an acceptable corrective action plan, issuance of a provisional license is recommended.

Undrea Ophraan	12/28/2021
Ondrea Johnson	Date
Licensing Consultant	

Approved:

Dawn Timm Date
Area Manager