



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

ORLENE HAWKS
DIRECTOR

December 20, 2021

Maureen Comer
Lourdes Alz Special Care Ctr Inc
2400 Watkins Lake Rd
Waterford, MI 48328

RE: License #: AL630007360
Clausen Manor
2400 Watkins Lake Road
Waterford, MI 48328

Dear Sister Comer:

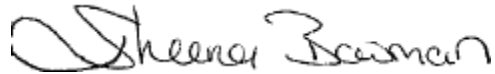
Attached is the Renewal Licensing Study Report for the facility referenced above. The violations cited in the report require the submission of a written corrective action plan. The corrective action plan is due 15 days from the date of this letter and must include the following:

- 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.

Upon receipt of an acceptable corrective plan, a regular license will be issued. If you fail to submit an acceptable corrective action plan, disciplinary action will result.

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,

A handwritten signature in black ink that reads "Sheena Bowman". The signature is written in a cursive style with a large initial 'S'.

Sheena Bowman, Licensing Consultant
Bureau of Community and Health Systems
4th Floor, Suite 4B
51111 Woodward Avenue
Pontiac, MI 48342

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

I. IDENTIFYING INFORMATION

License#: AL630007360

Licensee Name: Lourdes Alz Special Care Ctr Inc

Licensee Address: 2400 Watkins Lake Rd
Waterford, MI 48328

Licensee Telephone #: (248) 674-4732

Licensee/Licensee Designee: Maureen Comer

Administrator: Robin McClintock

Name of Facility: Clausen Manor

Facility Address: 2400 Watkins Lake Road
Waterford, MI 48328

Facility Telephone #: (248) 674-4732

Original Issuance Date: 01/13/1995

Capacity: 20

Program Type: ALZHEIMERS
AGED

II. METHODS OF INSPECTION

Date of On-site Inspection(s): 12/21/21

Date of Bureau of Fire Services Inspection if applicable: 06/09/21

Date of Health Authority Inspection if applicable: N/A

Inspection Type: Interview and Observation Worksheet
 Combination Full Fire Safety

No. of staff interviewed and/or observed 2

No. of residents interviewed and/or observed 4

No. of others interviewed [redacted] Role: [redacted]

- Medication pass / simulated pass observed? Yes No If no, explain.
- 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.
It was not meal time during the onsite.
- Fire drills reviewed? Yes No If no, explain.
- Fire safety equipment and practices observed? Yes No If no, explain.
- E-scores reviewed? (Special Certification Only) Yes No N/A
If no, explain.
- 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 rule/s:
SI 10/26/21; 312(4)(c), 312(4)(b), 308(2), 206(1), 305(3)
- LSR CAP approved 12/12/19; 312(2), 312(4)(b), 312(4)(c), 318(5), 301(4), 407(1)
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 400.15205 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.

According to the employee file for Tabitha Cruz, her start date was 02/01/21 however; she received her TB test results on 02/18/21.

R 400.15301 Resident admission criteria; resident assessment plan; emergency admission; resident care agreement; physician's instructions; health care appraisal.

(4) At the time of admission, and at least annually, a written assessment plan shall be completed with licensee. A licensee shall maintain a copy of the resident's written assessment plan on file in the home.

Resident A and Resident B's assessment plans were completed late. Resident A was admitted on 08/04/20 and his assessment plan was completed on 08/10/20. Resident B was admitted on 06/01/20 and his assessment plan was completed on 10/20/20.

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.

REPEAT VIOLATION: LICENSING STUDY REPORT CAP APPROVED; 12/12/19

A third fire drill was not completed during the time frame of October 2020 through December 2020.

R 400.15312 Resident medications.

(2) Medication shall be given, taken, or applied pursuant to label instructions.

The following prescribed medications are not available for Resident B: Miralax, Maalox, and Fleet Glycerin.

R 400.15312 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:

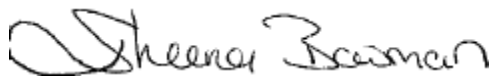
(v) The initials of the person who administers the medication, which shall be entered at the time the medication is given.

REPEAT VIOLATION: LICENSING STUDY REPORT CAP APPROVED; 12/12/19

Resident B is prescribed to have his compression stockings on daily every morning and taken off every evening. There were several missing initials during the morning therefore; it is unknown if the compression stocking was placed on Resident B's legs.

IV. RECOMMENDATION

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



Sheena Bowman
Licensing Consultant

12/21/21
Date