



STATE OF MICHIGAN
 DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
 LANSING

GRETCHEN WHITMER
 GOVERNOR

ORLENE HAWKS
 DIRECTOR

February 24, 2022

Steven Steffey
 Vicinia Gardens Transition
 4045 Vicinia Way
 Fenton, MI 48430

RE: License #:	AH250382445 Vicinia Gardens Transition 4045 Vicinia Way Fenton, MI 48430
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Dear Mr. Steffey:

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 License #:	AH250382445
Licensee Name:	Vicinia Gardens Transition, LLC
Licensee Address:	1012 N LeRoy Fenton, MI 48430
Licensee Telephone #:	(810) 629-9368
Authorized Representative:	Steven Steffey
Administrator:	Kelly Steffey
Name of Facility:	Vicinia Gardens Transition
Facility Address:	4045 Vicinia Way Fenton, MI 48430
Facility Telephone #:	(810) 629-9368
Original Issuance Date:	09/12/2017
Capacity:	28
Program Type:	AGED ALZHEIMERS

II. METHODS OF INSPECTION

Date of On-site Inspection(s): 2/15/2022

Date of Bureau of Fire Services Inspection if applicable: 8/5/21

Inspection Type: Interview and Observation Worksheet
 Combination

Date of Exit Conference: 2/24/2022

No. of staff interviewed and/or observed 7

No. of residents interviewed and/or observed 5

No. of others interviewed 0 Role N/A

- 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: MCL MCL333.20201(2)(d); R325.1924(3) 6/4/21 CAP dated 6/30/21
- 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:	
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 Resident A's records revealed Resident A did not complete a tuberculosis (TB) test prior to move in. Review of Resident B's records revealed Resident B admitted to the facility on 12/1/21, but no TB test was completed until 12/6/21. In addition, the facility did not complete an annual risk assessment for TB.</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.
Review of Amanda Miller's employee record revealed her date of hire was 5/27/21 and no TB test was completed within 10 days of hire and before occupational exposure.	
R 325.1931	Employees; general provisions.
	(3) The home shall designate 1 person on each shift to be supervisor of resident care during that shift. The supervisor of resident care shall be fully dressed, awake, and on the premises when on duty.
Review of staff schedule revealed there was not a designated shift supervisor for each shift.	
R 325.1931	Employees; general provisions.
	(6) The home shall establish and implement a staff training program based on the home's program statement, the residents service plans, and the needs of employees, such as any of the following: (a) Reporting requirements and documentation. (b) First aid and/or medication, if any. (c) Personal care. (d) Resident rights and responsibilities. (e) Safety and fire prevention. (f) Containment of infectious disease and standard precautions. (g) Medication administration, if applicable.
Review of Tomekia Villalpando employee record revealed no records of employee training.	
R 325.1932	Resident medications.
	(1) Medication shall be given, taken, or applied pursuant to labeling instructions or orders by the prescribing licensed health care professional.
Review of Resident B's medication administration record (MAR) revealed Resident B was prescribed Acetaminophen 325mg tablet with instruction to administer two tablets by mouth every six hours as needed for pain. In addition, Resident B was prescribed Tramadol HCL 50mg tablet with instruction to administer ½ tablet by mouth every six hours as needed. There is no instruction for staff to know whether to	

administer one over the other or if both can be given at the same time. The lack of instruction places residents at an unnecessary risk of harm due to administration based on what the staff feel is appropriate verses what the physician intended. Similar findings were noted with Resident C.	
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.
Review of Resident A's MAR revealed Resident A was prescribed Lorazepam 0.5mg tablet with instruction to administer one tablet by mouth two times a day as needed for anxiety. Review of Resident A'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. Similar findings were noted with Resident C.	

IV. RECOMMENDATION

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

Kimberly Host

2/17/2022

Date
Licensing Consultant