

GRETCHEN WHITMER
GOVERNOR

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

ORLENE HAWKS DIRECTOR

July 22, 2022

Janelle Land 5290 Baldwin Rd. Oxford, MI 48371

RE: License #: AS250399656

Flagstone AFC 6321 Boulder Dr. Flushing, MI 48433

Dear Mrs. Land:

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 (517) 284-9700.

Sincerely,

Sabrina McGowan, Licensing Consultant Bureau of Community and Health Systems

611 W. Ottawa Street

P.O. Box 30664

Lansing, MI 48909 (810) 835-1019

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

#### I. IDENTIFYING INFORMATION

**License #:** AS250399656

Licensee Name: Janelle Land

**Licensee Address:** 5290 Baldwin Rd.

Oxford, MI 48371

**Licensee Telephone #:** (248) 981-6413

Licensee/Licensee Designee: N/A

Administrator:

Name of Facility: Flagstone AFC

**Facility Address:** 6321 Boulder Dr.

Flushing, MI 48433

**Facility Telephone #:** (248) 981-6413

Original Issuance Date: 01/27/2020

Capacity: 6

Program Type: PHYSICALLY HANDICAPPED

AGFD

TRAUMATICALLY BRAIN INJURED

**ALZHEIMERS** 

### II. METHODS OF INSPECTION

Dat	Date of On-site Inspection(s):		07/19/2022	
Date of Bureau of Fire Services Inspection if applicable: N/A				
Date of Health Authority Inspection if applicable:		(	07/19/2022	
Insp	pection Type:	☐ Interview and Obs ☐ Combination	servation	
No. of staff interviewed and/or observed No. of residents interviewed and/or observed No. of others interviewed Role:		nd/or observed		2 6
•	Medication pass / simulat	ted pass observed?	Yes 🖂	No ☐ If no, explain.
•	Medication(s) and medica	ation record(s) revie	wed? Y	es 🗌 No 🔲 If no, explain
•	Resident funds and associated documents reviewed for at least one resident? Yes $\boxtimes$ No $\square$ If no, explain. Meal preparation / service observed? Yes $\boxtimes$ No $\square$ If no, explain.			
•	Fire drills reviewed? Yes ⊠ No □ If no, explain.			
•	Fire safety equipment and practices observed? Yes $igtimes$ No $igcup$ 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: N/A ☒			
•	Number of excluded employees followed-up? 1-TeeOnna Durr-02-17-2021 N/A			
•	Variances? Yes ☐ (plea	se explain) No	N/A 🖂	

#### III. DESCRIPTION OF FINDINGS & CONCLUSIONS

This facility was found to be in non-compliance with the following rules:

#### 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.

New staff did obtain a statement signed by a licensed physician within 30-days of assumption of duties.

#### R 400.14208

Direct care staff and employee records.

- (1) A licensee shall maintain a record for each employee. The record shall contain all of the following employee information:
  - (e) Verification of experience, education, and training.

Staff files do not contain verification experience, education or training.

#### R 400.14208

Direct care staff and employee records.

- (1) A licensee shall maintain a record for each employee. The record shall contain all of the following employee information:
  - (f)Verification of reference checks.

Staff files did not contain verification of reference checks.

R 400.14301

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

(10) At the time of the resident's admission to the home, a licensee shall require that the resident or the resident's designated representative provide a written health care appraisal that is completed within the 90-day period before the resident's admission to the home. A written health care appraisal shall be completed at least annually. If a written health care appraisal is not available at the time of an emergency admission, a licensee shall require that the appraisal be obtained not later than 30 days after admission. A department health care appraisal form shall be used unless prior authorization for a substitute form has been granted, in writing, by the department.

Health care appraisals for at least one resident was not completed annually.

R 400.14301

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 the resident or the resident's designated representative, the responsible agency, if applicable, and the licensee. A licensee shall maintain a copy of the resident's written assessment plan on file in the home.

Assessment plans for residents had not been completed annually.

R 400.14301

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

(9) A licensee shall review the written resident care agreement with the resident or the resident's designated representative and responsible agency, if applicable, at least annually or more often if necessary.

Resident care agreements had not been annually reviewed.

R 400.14310 Resident health care.

(3) A licensee shall record the weight of a resident upon admission and monthly thereafter. Weight records shall be kept on file for 2 years.

Resident weights were not completed monthly as required.

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.

Fire drills were not held at least once per quarter.

R 400.14401 Environmental health.

(2) Hot and cold running water that is under pressure shall be provided. A licensee shall maintain the hot water temperature for a resident's use at a range of 105 degrees Fahrenheit to 120 degrees Fahrenheit at the faucet.

Water temperature tested at 132 degrees.

#### IV. RECOMMENDATION

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

Sabria McGonan July 22, 2022

Sabrina McGowan Date Licensing Consultant