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GOVERNOR

# STATE OF MICHIGAN DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS LANSING

ORLENE HAWKS DIRECTOR

April 11, 2022

Phebe Holston Moore Non-Profit Housing Corp 5900 Executive Dr. Lansing, MI 48911

RE: License #: AL330007014

Moore Living Connections 1 1401 Georgetown Blvd Lansing, MI 48911

#### Dear Ms. Holston:

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) 284-9730.

Sincerely,

Julie Elkins, Licensing Consultant

Bureau of Community and Health Systems

611 W. Ottawa Street

P.O. Box 30664

Julia Ellins

Lansing, MI 48909

611 W. OTTAWA • P.O. BOX 30664 • LANSING, MICHIGAN 48909 www.michigan.gov/lara • 517-335-1980

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

#### I. IDENTIFYING INFORMATION

**License #:** AL330007014

**Licensee Name:** Moore Non-Profit Housing Corp

**Licensee Address:** 5900 Executive Dr.

Lansing, MI 48911

**Licensee Telephone #:** (517) 894-9324

Licensee Designee: Phebe Holston

**Administrator:** Phebe Holston

Name of Facility: Moore Living Connections 1

Facility Address: 1401 Georgetown Blvd

Lansing, MI 48911

**Facility Telephone #:** (517) 887-6964

Original Issuance Date: 03/06/1980

Capacity: 16

Program Type: DEVELOPMENTALLY DISABLED

MENTALLY ILL

## **II. METHODS OF INSPECTION**

Date	e of On-site Inspection(	04/06/2022	
Date of Bureau of Fire Services Inspection if applicable:			02/28/2022
Date of Health Authority Inspection if applicable:			N/A
Inspection Type:		☐ Interview and Observation☐ Combination	n ⊠ Worksheet □ Full Fire Safety
No. of staff interviewed and/or observed 2 No. of residents interviewed and/or observed 12 No. of others interviewed 1 Role: licensee designee/admin			
•	Medication pass / simu	ulated pass observed? Yes $igtigtigtigtigtigtigtigt$	No ☐ If no, explain.
•	Medication(s) and medication record(s) reviewed? Yes $\boxtimes$ No $\square$ 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 $\boxtimes$ No $\square$ 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.		
•	CAP 4/28/2018, 403 (	compliance verified? Yes ⊠ 1) N/A ☐ mployees followed-up?	CAP date/s and rule/s: N/A ⊠
	Variances? Yes ☐ (n	llease explain) No □ N/A ⊠	

#### **III. DESCRIPTION OF FINDINGS & CONCLUSIONS**

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

R 400.15301

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.

At the time of the inspection, Resident A and Resident B's records did not contain a written health care appraisal completed within the 90-day period before the resident's admission to the home or not later than 30 days after admission.

At the time of the inspection, Resident C and Resident D's record did not contain a written health care appraisal completed in 2020.

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 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.

### R 400.15301

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

(8) A copy of the signed resident care agreement shall be provided to the resident or the resident's designated representative. A copy of the resident care agreement shall be maintained in the resident's record.

At the time of inspection, Resident C and Resident D's records did not contain written resident care agreements completed in 2020.

#### R 400.15315 Handling of resident funds and valuables.

(12) Charges against the resident's account shall not exceed the agreed price for the services rendered and goods furnished or made available by the home to the resident.

At the time of inspection, Resident C, Resident D and Resident E's records were reviewed and compared to the Resident Care Agreement and the Funds II form which documented that the charges against the resident's accounts exceeded the agreed price for service.

# 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.

The fire drill records for the fourth quarter 2021 did not contain a daytime drill.

## IV. RECOMMENDATION

Julie Ellers

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

04/11/2022

Julie Elkins Date

Licensing Consultant