



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

ORLENE HAWKS
DIRECTOR

August 1, 2022

Gordon and Tammy Plescher
3492 Main St.
Ravenna, MI 49451

RE: License #:	AF610391199 Tibbet House Elder Care Home 3492 Main St. Ravenna, MI 49451
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Dear Gordon and Tammy Plescher:

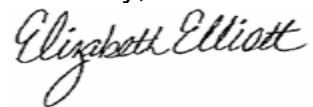
Attached is the Renewal Licensing Study Report for the facility referenced above. The violations cited in the report require the submission of a written corrective action plan. The corrective action plan is due 15 days from the date of this letter and must include the following:

- 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. If I am not available and you need to speak to someone immediately, you may contact the local office at (616) 356-0100.

Sincerely,

A handwritten signature in cursive script that reads "Elizabeth Elliott".

Elizabeth Elliott, Licensing Consultant
Bureau of Community and Health Systems
Unit 13, 7th Floor
350 Ottawa, N.W.
Grand Rapids, MI 49503
(616) 901-0585

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

I. IDENTIFYING INFORMATION

License #:	AF610391199
Licensee Name:	Gordon Plescher and Tammy Plescher
Licensee Address:	3492 Main St. Ravenna, MI 49451
Licensee Telephone #:	(616) 675-4241
Licensee/Licensee Designee:	N/A
Administrator:	N/A
Name of Facility:	Tibbet House Elder Care Home
Facility Address:	3492 Main St. Ravenna, MI 49451
Facility Telephone #:	(616) 675-4241
Original Issuance Date:	01/31/2018
Capacity:	6
Program Type:	DEVELOPMENTALLY DISABLED AGED ALZHEIMERS

II. METHODS OF INSPECTION

Date of On-site Inspection(s): 07/27/2022

Date of Bureau of Fire Services Inspection if applicable: N/A

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 1
No. of residents interviewed and/or observed 5
No. of others interviewed 1 Role: Licensee-G.Plescher

- Medication pass / simulated pass observed? Yes No If no, explain.
At the time of the inspection, resident medications were not being administered.
- 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.
- 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:
421(3), 422(1)(a), 405(2) still needs med clearance for responsible person. N/A
- Number of excluded employees followed-up? N/A
- Variances? Yes (please explain) No N/A

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

This facility was found to be in non-compliance with the following rules:	
R 400.1405	Health of a licensee, responsible person, and member of the household.
	(2) A licensee shall have on file with the department a statement signed by a licensed physician or his or her designee with regard to his or her knowledge of the physical health of the licensee and each responsible person. The statement shall be signed within 6 months before the issuance of a license and at any other time requested by the department.
<p>Finding: The responsible person, BP (and any staff employed by the licensee) does not have a medical clearance on file at the facility.</p> <p>Licensee Response: Mr. Plescher stated a medical clearance form will be included in the responsible person's file (and any staff employed by the licensee).</p>	
R 400.1405	Health of a licensee, responsible person, and member of the household.
	(3) A licensee shall provide the department with written evidence that he or she and each responsible person in the home is free from communicable tuberculosis. Verification shall be within the 3-year period before employment and verification shall occur every 3 years thereafter.
<p>Finding: The responsible person, BP does not have a TB test with results on file at the facility.</p> <p>Licensee Response: Mr. Plescher stated a TB test with results will be included in the responsible person's file.</p>	
R 400.1418	Resident medications.
	(4) When a licensee or responsible person supervises the taking of medication by a resident, the licensee or responsible person shall comply with the following provisions: <ul style="list-style-type: none"> (a) Maintain a record as to the time and amount of any prescription medication given or applied. Records of prescription medication shall be maintained on file in the home for a period of not less than 2 years.

<p>Finding: Resident DP's Nystatin, PRN 100,000 unit was not documented on the MAR Resident DP's Haloperidol Lac 2 mg/ml, take 0.5 by mouth or under tongue ev. 6 hours as needed (PRN) for agitation was not documented on the MAR Resident DP's senna/aspirin was not documented on the MAR Resident vitamins in the med cabinet are not documented on the resident MARs.</p> <p>Licensee Response: Mr. Plescher stated the medications for resident DP are prescribed by Hospice and were not included on the MAR. Mr. Plescher stated all medications including vitamins will be documented on the MAR.</p>	
R 400.1438	Emergency preparedness; evacuation plan; emergency transportation.
	(4) Fire drills shall be conducted 4 times a year. Two of the 4 required fire drills shall be conducted during sleeping hours. A record of the fire drills shall be incorporated with the evacuation plan.
<p>Finding: The last documented fire drill was in 2020.</p> <p>Licensee Response: Mr. Plescher acknowledged that fire drills have not been conducted and will conduct fire drills 4 times a year, two during sleeping hours per the AFC Family Home rules.</p>	

IV. RECOMMENDATION

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



08/01/2022

Elizabeth Elliott
Licensing Consultant

Date