



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

ORLENE HAWKS
DIRECTOR

August 10, 2022

Janice Hurst
Progressive Residential Services Inc
Suite # 165
6001 N. Adams Road
Bloomfield Hills, MI 48304

RE: License #: AS130010448
Boyer Home
35 Boyer Dr
Battle Creek, MI 49017

Dear Mrs. Hurst:

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 and special certification license for the developmental disabled and mentally ill, 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,

A handwritten signature in black ink that reads "Cathy Cushman". The signature is written in a cursive, flowing style.

Cathy Cushman, Licensing Consultant
Bureau of Community and Health Systems
611 W. Ottawa Street
P.O. Box 30664
Lansing, MI 48909
(269) 615-5190

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

I. IDENTIFYING INFORMATION

License #: AS130010448

Licensee Name: Progressive Residential Services Inc

Licensee Address: Suite # 165
6001 N. Adams Road
Bloomfield Hills, MI 48304

Licensee Telephone #: (248) 641-7200

Licensee Designee: Janice Hurst

Administrator: Janice Hurst

Name of Facility: Boyer Home

Facility Address: 35 Boyer Dr
Battle Creek, MI 49017

Facility Telephone #: (269) 962-7640

Original Issuance Date: 05/19/1992

Capacity: 6

Program Type: PHYSICALLY HANDICAPPED
DEVELOPMENTALLY DISABLED
MENTALLY ILL

II. METHODS OF INSPECTION

Date of On-site Inspection: 08/08/2022

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

Date of Environmental/Health Inspection if applicable: 04/18/2022

Inspection Type: Interview and Observation Worksheet
 Combination Full Fire Safety

No. of staff interviewed and/or observed 3
No. of residents interviewed and/or observed 4
No. of others interviewed 2 Role: Licensee Administrators

- 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.
- 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: 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 400.14205 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.

FINDING: Multiple direct care staff, including Leroy Ellis-Smith, Kaylynn Petree, and Felicia Crump, did not have statements signed by physicians attesting to their physical health. These statements were not present in staff files or available for review in the facility.

REPEAT VIOLATION ESTABLISHED, RENEWAL DATED, 01/22/2020, CAP DATED 02/05/2020

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.

(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.

FINDING: The last TB test available for review in direct care staff, Felicia Crump's file, was dated 08/2016 indicating one had not been completed within three years, as required.

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.**

(6) A licensee shall annually review the health status of the administrator, direct care staff, other employees, and members of the household. Verification of annual reviews shall be maintained by the home and shall be available for department review.

FINDING: Multiple direct care staff, including Leroy Ellis-Smith, Kaylynn Petree, and Felicia Crump, did not have annual health review forms in their employee files, as required.

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.

FINDING: There was no verification of reference checks for direct care staff, Leroy Ellis-Smith, in his employee file.

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.

FINDING: Residents had outdated assessment plans. Resident A's and Resident B's *Assessment Plan for AFC Residents* were dated 09/2019 and 04/2021, respectively, indicating they were not completed on annual basis, as required.

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.

FINDING: There was no indication in the form of a signature on Resident A's *Resident Care Agreement* that the licensee designee reviewed it. Additionally, the last completed *Resident Care Agreement* for Resident C was dated 04/2021, indicating it was not reviewed on annual basis, as required.

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.

FINDING: Facility staff acknowledged monthly weight records were not being kept for residents who require wheelchairs as they no longer had a wheelchair scale available.

REPEAT VIOLATION, RENEWAL DATED, 01/22/2020, CAP DATED 02/05/2020

REPEAT VIOLATION, RENEWAL DATED, 01/012/2018, CAP DATED 01/25/2018

R 400.14313 **Resident nutrition.**

(4) Menus of regular diets shall be written at least 1 week in advance and posted. Any change or substitution shall be noted and considered as part of the original menu.

FINDING: Though the facility had a binder full of example menus, these menus were not being posted. Rather, facility staff were creating a menu with what food was available after the meal was served. At a minimum, menus for the current day and the next seven days must be posted.

R 400.14315 Handling of resident funds and valuables.

(3) A licensee shall have a resident's funds and valuables transaction form completed and on file for each resident. A department form shall be used unless prior authorization for a substitute form has been granted, in writing, by the department.

FINDING: AFC payments were not being tracked on the Resident Funds II forms, as required.

REPEAT VIOLATION, RENEWAL DATED, 01/22/2020, CAP DATED 02/05/2020

R 400.14403 Maintenance of premises.

(1) A home shall be constructed, arranged, and maintained to provide adequately for the health, safety, and well-being of occupants.

FINDING: The facility's primary exits (off the front and back) had gaps from the doors to the concrete in excess of at least 1 inch. These gaps would present issues for residents getting in and out of the facility who require the use of a wheelchair due to the exits not being a smooth transition.

IV. RECOMMENDATION

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



08/10/2022

Licensing Consultant

Date