

GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS LANSING

ORLENE HAWKS DIRECTOR

September 13, 2022

Paul Buchholz Summit Park Assisted Living Center 2100 Park Rd. Jackson, MI 49203

RE: License #: AH380236900

Summit Park Assisted Living Center

2100 Park Rd.

Jackson, MI 49203

Dear Mr. Buchholz:

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 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) 241-1970.

Sincerely,

Jessica Rogers, Licensing Staff

Bureau of Community and Health Systems

611 W. Ottawa Street

P.O. Box 30664

Lansing, MI 48909

(517) 285-7433

enclosure

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

I. IDENTIFYING INFORMATION

License#: AH380236900

Licensee Name: Ganton Retirement Centers, Inc.

Licensee Address: 7925 Spring Arbor Rd.

Spring Arbor, MI 49283

Licensee Telephone #: (517) 750-0500

Administrator/Authorized

Representative: Paul Buchholz

Name of Facility: Summit Park Assisted Living Center

Facility Address: 2100 Park Rd.

Jackson, MI 49203

Facility Telephone #: (517) 782-8888

Original Issuance Date: 01/01/2000

Capacity: 83

Program Type: AGED

II. METHODS OF INSPECTION

Date of On-site Inspection	(s): 09/13/2	022
Date of Bureau of Fire Services Inspection if applicable: 7/27/2022, 8/26/2022		
Inspection Type:	☐Interview and Observation	⊠Worksheet
Date of Exit Conference:	☐Combination	
Date of Exit Conference.	9/14/2022	
No. of staff interviewed an No. of residents interviewed No. of others interviewed	ed and/or observed	20 14 er
Medication pass / sim	ulated pass observed? Yes $igtimes$	No 🗌 If no, explain.
 Medication(s) and medication records(s) reviewed? Yes		
 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. Bureau of Fire Services reviews fire drills. Disaster plan reviewed. Staff interviewed regarding disaster plan. 		
·	hecked? Yes No If no,	·
 Incident report follow-up? Yes IR date/s: N/A Corrective action plan compliance verified? Yes CAP date/s and rule/s: SII 2022A1027065 dated 6/22/2022 to CAP dated 9/8/2022: R 325.1921(1)(b), R 325.1922(5) 		
 Number of excluded er 	mplovees followed up? One N/	A 🗍

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

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

R 325.1923 Employee's health.

(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 annually. Homes that are low risk do not need to conduct annual TB testing for employees.

The facility's annual risk assessment was dated March 2020.

VIOLATION ESTABLISHED

R 325.1979 General maintenance and storage.

(3) Hazardous and toxic materials shall be stored in a safe manner.

Observations of the two outside oxygen storage containers revealed both full and empty oxygen tanks not stored securely to prevent them from falling.

VIOLATION ESTABLISHED

IV. RECOMMENDATION

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

Jessica Rogers
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9/14/2022

Date

Licensing Consultant