



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

ORLENE HAWKS
DIRECTOR

September 14, 2022

Steven Gerdeman
Serenity Homes - North, L.L.C.
3109 Lawton Dr. N.E.
Grand Rapids, MI 49525

RE: License #: AL700382076
Serenity Homes - North
830 Hayes Street
Marne, MI 49435

Dear Mr. Gerdeman:

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 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 (616) 356-0183.

Sincerely,

Anthony Mullins

Anthony Mullins, Licensing Consultant
Bureau of Community and Health Systems
Unit 13, 7th Floor
350 Ottawa, N.W.
Grand Rapids, MI 49503

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

I. IDENTIFYING INFORMATION

License #: AL700382076

Licensee Name: Serenity Homes - North, L.L.C.

Licensee Address: 3109 Lawton Dr. N.E.
Grand Rapids, MI 49525

Licensee Telephone #: (419) 494-4008

Licensee/Licensee Designee: Steven Gerdeman

Administrator: Steve Gerdeman

Name of Facility: Serenity Homes - North

Facility Address: 830 Hayes Street
Marne, MI 49435

Facility Telephone #: (419) 494-4008

Original Issuance Date: 06/02/2016

Capacity: 20

Program Type: PHYSICALLY HANDICAPPED
DEVELOPMENTALLY DISABLED
MENTALLY ILL
AGED

II. METHODS OF INSPECTION

Date of On-site Inspection(s): 09/13/2022

Date of Bureau of Fire Services Inspection if applicable: 10/15/2021, 12/20/2021

Date of Health Authority Inspection if applicable: 02/24/2022

Inspection Type: Interview and Observation Worksheet
 Combination Full Fire Safety

No. of staff interviewed and/or observed 4

No. of residents interviewed and/or observed 7

No. of others interviewed 1 Role: Designee

- Medication pass / simulated pass observed? Yes No If no, explain.
Not med time during inspection.
- 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. Staff did not have E-scores readily available during the renewal inspection.
- Water temperatures checked? Yes No If no, explain.
- Incident report follow-up? Yes No If no, explain.
N/A
- Corrective action plan compliance verified? Yes CAP date/s and rule/s:
4/19/21 - AL305(3), and 8/29/21 - AL303(2) 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 330.1803 Facility environment; fire safety.

(6) Evacuation assessments shall be conducted within 30 days after the admission of each new client and at least annually thereafter. The specialized program shall forward a copy of each completed assessment to the responsible agency and retain a copy in the home for inspection. A home that is assessed as having an evacuation difficulty index of "impractical" using appendix f of the life safety code of the national fire protection association shall have a period of 6 month from the date of the finding to either of the following:

During the renewal inspection on 09/13/2022, I requested to review E-scores for residents due to the facility having a special certification contract with Kent County CMH, Network 180. Staff member Nancy Robinson stated that the E-scores were completed but she was unable to locate them. Without reviewing the E-scores, I have no way of proving if they were completed. Therefore, a corrective action plan is required to address this violation.

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.

Resident A, C, and D health care appraisals were outdated by a year or more. Resident E did not have a health care appraisal on file. Therefore, a corrective action plan is required to address this violation.

R 400.15310 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 A, B, C, D, and E did not have weights recorded in the month of August 2022. Therefore, a corrective action plan is required to address this violation.

R 400.15312 Resident medications.

(4) When a licensee, administrator, or direct care staff member supervises the taking of medication by a resident, he or she shall comply with all of the following provisions:

(a) Be trained in the proper handling and administration of medication.

(b) Complete an individual medication log that contains all of the following information:

(i) The medication.

(ii) The dosage.

(iii) Label instructions for use.

(iv) Time to be administered.

(v) The initials of the person who administers the medication, which shall be entered at the time the medication is given.

(vi) A resident's refusal to accept prescribed medication or procedures.

(c) Record the reason for each administration of medication that is prescribed on an as needed basis.

(d) Initiate a review process to evaluate a resident's condition if a resident requires the repeated and prolonged use of a medication that is prescribed on an as needed basis. The review process shall include the resident's prescribing physician, the resident or his or her designated representative, and the responsible agency.

(e) Not adjust or modify a resident's prescription medication without instructions from a physician or a pharmacist who has knowledge of the medical needs of the resident. A licensee shall record, in writing, any instructions regarding a resident's prescription medication.

(f) Contact the appropriate health care professional if a medication error occurs or when a resident refuses prescribed

medication or procedures and follow and record the instructions given.

On 9/10/22, Resident A's MAR was not initialed at 8:00 pm by staff to indicate that he received the following medications: Trazadone, Senna Tab 8.6MG, Eliquis 5MG, Benzotropine 5MG, Mirtazapine 15MG, Risperdal 1MG, and Risperdal 4MG.

On 9/10/22, Resident B's MAR was not initialed at 8:00 pm by staff to indicate that she received the following medications: Zanaflex 4MG, Acetaminophen/Hydrocodone 325MG/5MG, Bumetanide 2MG, Metformin 1000MG, and Atorvastatin Calcium 80 MG. Resident B's MAR indicated that she was refusing her Acetaminophen/Hydrocodone everyday for the month of September although staff member Nancy Robinson was adamant Resident B was taking the medication. Ms. Robinson explained that the medication was being confused for her regular acetaminophen, which is Tylenol. Also, Resident B's Buspar 10MG medication was not listed on her chart although she was receiving the medication.

On 9/10/22, Resident C's MAR was not initialed at 8:00 pm by staff to indicate that she received the following medications: Sinemet 10MG, Cranberry Fruit 405MG, Buspar 5MG, and Pravastatin Sodium 20MG. Also, Resident C's Docusate Sodium 100MG was not listed on her MAR although she was receiving the medication. Due to the listed violations, a corrective action plan is required to address this.

IV. RECOMMENDATION

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

Anthony Mullins

09/14/2022

Anthony Mullins
Licensing Consultant

Date