

GRETCHEN WHITMER GOVERNOR STATE OF MICHIGAN DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS LANSING

ORLENE HAWKS DIRECTOR

September 8, 2022

Eugene Gillespie The Winchester Assisted Living & Respite Home LLC 6795 Glenway Dr W. Bloomfield, MI 48322

#### RE: License #: AS630389543 The Winchester Assisted Living & Respite Home LLC 3089 Winchester West Bloomfield, MI 48322

Dear Mr. Gillespie:

Attached is the Renewal Licensing Study Report for the facility referenced above. You have submitted an acceptable written corrective action plan addressing the violations cited in the report.

The study has determined substantial compliance with applicable licensing statutes and administrative rules. Therefore, your license is renewed. It is valid only at your present address and is nontransferable.

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 (248) 975-5053.

Sincerely,

Theena Basman

Sheena Bowman, Licensing Consultant Bureau of Community and Health Systems 4th Floor, Suite 4B 51111 Woodward Avenue Pontiac, MI 48342

> 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 #:	AS630389543		
Licensee Name:	The Winchester Assisted Living & Respite Home LLC		
Licensee Address:	6795 Glenway Dr W. Bloomfield, MI  48322		
Licensee Telephone #:	(313) 516-8206		
Licensee/Licensee Designee:	EUGENE GILLESPIE		
Administrator:	Crystal Gillespie		
Name of Facility:	The Winchester Assisted Living & Respite Home LLC		
Facility Address:	3089 Winchester West Bloomfield, MI 48322		
Facility Telephone #:	(313) 516-8206		
Original Issuance Date:	03/12/2018		
Capacity:	6		
Program Type:	DEVELOPMENTALLY DISABLED MENTALLY ILL AGED TRAUMATICALLY BRAIN INJURED ALZHEIMERS		

# **II. METHODS OF INSPECTION**

Date of On-site Inspection(s): 09/08/2022

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

Date of Health Authority Inspection if applicable: N/A

Insp	pection Type:		ew and Observa ination	ation	⊠ Worksheet □ Full Fire Safety		
No. of staff interviewed and/or observed1No. of residents interviewed and/or observed0No. of others interviewedRole:							
•	• Medication pass / simulated pass observed? Yes $\boxtimes$ No $\square$ If no, explain.						
•	• Medication(s) and medication record(s) reviewed? Yes $\boxtimes$ No $\square$ If no, explain.						
•	<ul> <li>Resident funds and associated documents reviewed for at least one resident? Yes No I If no, explain.</li> <li>Meal preparation / service observed? Yes No I If no, explain. It was not meal time during the onsite.</li> <li>Fire drills reviewed? Yes No I If no, explain.</li> </ul>						
•	Fire safety equipment and practices observed? Yes $oxtimes$ No $oxtimes$ 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: LSR CAP Approved 9/11/20; 301(6)(b), 203(1) LSR CAP Approved 9/12/18; 312(4)(b) N/A 🗌 Number of excluded employees followed-up? N/A 🖂						
•	Variances? Yes 🗌 (p	lease expla	ain) No 🗌 N/A				

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

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

R 400.14203 Licensee and administrator training requirements.

(1) A licensee and an administrator shall complete the following educational requirements specified in subdivision
(a) or (b) of this subrule, or a combination thereof, on an annual basis:

(a) Participate in, and successfully complete, 16 hours of training designated or approved by the department that is relevant to the licensee's admission policy and program statement.

(b) Have completed 6 credit hours at an accredited college or university in an area that is relevant to the licensee's admission policy and program statement as approved by the department.

The licensee designee Eugene Gillespie did not complete a physical for 2020 or 2021. The administrator did not complete a physical for 2021.

# 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.

(2) A licensee shall have, on file with the department, a statement that is signed by a licensed physician or his or her designee attesting to the physician's knowledge of the physical health of the licensee and administrator. The statement shall be signed within 6 months before the issuance of a temporary license and at any other time requested by the department.

The licensee designee and the administrator did not complete 16 hours of trainings for 2020 or 2021.

#### 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.

Resident B's initial assessment plan was not signed and/or completed at the time of admission. Resident B was admitted on 08/27/21 however; his guardian didn't sign the assessment plan until 09/06/21 and the licensee designee did not sign until 08/30/21.

#### R 400.14301 Resident admission criteria; resident assessment plan; emergency admission; resident care agreement; physician's instructions; health care appraisal.

(6) At the time of a resident's admission, a licensee shall complete a written resident care agreement. A resident care agreement is the document which is established between the resident or the resident's designated representative, the responsible agency, if applicable, and the licensee and which specifies the responsibilities of each party.

Resident B's initial resident care agreement was not signed and/or completed at the time of admission. The resident care agreement was signed by the guardian on 09/06/21 and the licensee designee signed on 08/30/21. Resident B was admitted on 08/27/21.

## R 400.14312 Resident medications.

(1) Prescription medication, including dietary supplements, or individual special medical procedures shall be given, taken, or applied only as prescribed by a licensed physician or dentist. Prescription medication shall be kept in the original pharmacysupplied container, which shall be labeled for the specified resident in accordance with the requirements of Act No. 368 of the Public Acts of 1978, as amended, being {333.1101 et seq. of the Michigan Compiled Laws, kept with the equipment to administer it in a locked cabinet or drawer, and refrigerated if required.

Resident B is being administered eye drops that are not prescribed on his MAR.

### 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.

The Funds Part II forms for Resident A and Resident B did not have the correct AFC payment amount to coincide with the fee amount on the resident care agreement.

#### R 400.14401 Environmental health.

(2) Hot and cold running water that is under pressure shall be provided. A licensee shall maintain the hot water temperature for a resident's use at a range of 105 degrees Fahrenheit to 120 degrees Fahrenheit at the faucet.

The water temperature in the kitchen was 132 degrees Fahrenheit.

A corrective action plan was requested and approved on 09/08/2022. It is expected that the corrective action plan be implemented within the specified time frames as outlined in the approved plan. A follow-up evaluation may be made to verify compliance. Should the corrections not be implemented in the specified time, it may be necessary to reevaluate the status of your license.

## **IV. RECOMMENDATION**

An acceptable corrective action plan has been received. Renewal of the license is recommended.

Sheenay Basman

09/08/22

Date

Licensing Consultant