



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

ORLENE HAWKS
DIRECTOR

October 21, 2022

Bethany Mays
Resident Advancement, Inc.
PO Box 555
Fenton, MI 48430

RE: License #:	AS250264516 Spring Meadows 803 E. Rolston Linden, MI 48451
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Dear Ms. Mays:

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 (517) 643-7960.

Sincerely,

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

Susan Hutchinson, Licensing Consultant
Bureau of Community and Health Systems
611 W. Ottawa Street
P.O. Box 30664
Lansing, MI 48909
(989) 293-5222

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

I. IDENTIFYING INFORMATION

License #:	AS250264516
Licensee Name:	Resident Advancement, Inc.
Licensee Address:	411 S. Leroy, PO Box 555 Fenton, MI 48430
Licensee Telephone #:	(810) 750-0382
Licensee/Licensee Designee:	Bethany Mays
Administrator:	Danielle Davis
Name of Facility:	Spring Meadows
Facility Address:	803 E. Rolston Linden, MI 48451
Facility Telephone #:	(810) 735-5883
Original Issuance Date:	04/26/2004
Capacity:	6
Program Type:	DEVELOPMENTALLY DISABLED MENTALLY ILL
Certified Programs:	DEVELOPMENTALLY DISABLED MENTALLY ILL

II. METHODS OF INSPECTION

Date of On-site Inspection(s): 10/13/2022

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

Date of Health Authority Inspection if applicable: N/A

No. of staff interviewed and/or observed 4

No. of residents interviewed and/or observed 5

No. of others interviewed 0 Role: N/A

- 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.
My inspection did not take place during a mealtime
- 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:
12/03/20, R 400.301(4), R 400.315 (6) 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 400.14312	Resident medications.
	<p>(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:</p> <p>(b) Complete an individual medication log that contains all of the following information:</p> <ul style="list-style-type: none"> (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.
At the time of my inspection, I examined the medication record for one resident. I noted that staff failed to initial for a prn medication that she/he passed.	
R 400.14316	Resident records.
	<p>(1) A licensee shall complete, and maintain in the home, a separate record for each resident and shall provide record information as required by the department. A resident record shall include, at a minimum, all of the following information:</p> <p>(a) Identifying information, including, at a minimum, all of the following:</p> <ul style="list-style-type: none"> (i) Name. (ii) Social security number, date of birth, case number, and marital status. (iii) Former address. (iv) Name, address, and telephone number of the next of kin or the designated representative. (v) Name, address, and telephone number of the person and agency responsible for the resident's placement in the home. (vi) Name, address, and telephone number of the preferred physician and hospital. (vii) Medical insurance.

	<p>(viii) Funeral provisions and preferences. (ix) Resident's religious preference information.</p>
<p>At the time of my inspection, I reviewed a resident's file. I noted that the resident's Identification Record did not include burial/funeral provisions and preferences. All resident Identification Records must be completely filled out with all necessary information.</p>	
R 400.14402	Food service.
	<p>(6) Household and cooking appliances shall be properly installed according to the manufacturer's recommended safety practices. Where metal hoods or canopies are provided, they shall be equipped with filters. The filters shall be maintained in an efficient condition and kept clean at all times. All food preparation surfaces and areas shall be kept clean and in good repair.</p>
<p>At the time of my inspection, I noted that the oven hood fan was not working. All cooking appliances shall be kept in good repair.</p>	
R 400.14403	Maintenance of premises.
	<p>(1) A home shall be constructed, arranged, and maintained to provide adequately for the health, safety, and well-being of occupants.</p>
<p>At the time of my inspection, I noted the following:</p> <ul style="list-style-type: none"> • In the sitting area, there are holes and/or damage to the walls near the floor which must be repaired • The gutters along the home are filled with leaves that do not allow adequate passage of water. The leaves must be removed • There is missing tile along the shower area in one of the bathrooms. The tile must be repaired/replaced • The sink faucet in one of the resident bathrooms was not secured. All faucets must be kept in good repair • The trim on the floor around the kitchen sink is not completely fastened. All trim shall be securely fastened • The dryer vent was not securely attached to the dryer. All dryer vents must be securely attached 	
R 400.14407	Bathrooms.
	<p>(1) Bathrooms and toilet facilities that do not have windows shall have forced ventilation to the outside. Bathroom windows that are used for ventilation shall open easily.</p>

At the time of my inspection, I noted that the ceiling fan in one of the resident bathrooms is not working. If bathrooms do not contain windows for ventilation, they must be equipped with operating ceiling fans to allow forced ventilation to the outside.	
R 400.14507	Means of egress generally.
	(6) Occupied room door hardware shall be equipped with positive-latching, non-locking-against-egress hardware.
At the time of my inspection, I noted that the door leading from the facility to the garage is not equipped with positive-latching, non-locking-against-egress hardware. All occupied rooms and egress doors must be equipped with the appropriate hardware.	

IV. RECOMMENDATION

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

Susan Hutchinson

October 21, 2022

Susan Hutchinson Licensing Consultant	Date
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