

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

ORLENE HAWKS DIRECTOR

October 24, 2022

Threasa Cason Loving Joy Assisted Living Inc 1089 Dyemeadow Lane Flint, MI 48532

RE: License #:	AS250317731
	Loving Joy Assisted Living Inc
	1089 Dyemeadow Lane
	Flint, MI 48532

Dear Mrs. Cason:

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 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,

Dusan Hutchinson

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 #:	AS250317731
Licensee Name:	Loving Joy Assisted Living Inc
Licensee Address:	1089 Dyemeadow Lane
	Flint, MI 48532
Licensee Telephone #:	(810) 213-7161
Licensee/Licensee Designee:	Threasa Cason
Administrator:	Threasa Cason
Name of Facility:	Loving Joy Assisted Living Inc
Facility Address:	1089 Dyemeadow Lane
	Flint, MI 48532
Facility Telephone #:	(810) 407-6687
Original Issuance Date:	06/14/2012
Consoity	6
Capacity:	0
Program Type:	PHYSICALLY HANDICAPPED
	DEVELOPMENTALLY DISABLED
	MENTALLY ILL
	ALZHEIMERS
	AGED

## **II. METHODS OF INSPECTION**

Date of On-site Inspection(s):	10/20/2022			
Date of Bureau of Fire Services Inspection if app	licable: N/A			
Date of Health Authority Inspection if applicable:	N/A			
No. of staff interviewed and/or observed No. of residents interviewed and/or observed No. of others interviewed 0 Role: N/A	2 5			
<ul> <li>Medication pass / simulated pass observed? Yes X No I If no, explain.</li> </ul>				
• Medication(s) and medication record(s) reviewed? Yes 🛛 No 🗌 If no, explain.				
<ul> <li>Resident funds and associated documents reviewed for at least one resident? Yes X No I If no, explain.</li> <li>Meal preparation / service observed? Yes X No I If no, explain.</li> </ul>				
● Fire drills reviewed? Yes ⊠ No □ If no, explain.				
• Fire safety equipment and practices observed? Yes $\boxtimes$ No $\square$ If no, explain.				
<ul> <li>E-scores reviewed? (Special Certification Only) Yes No N/A If no, explain.</li> <li>Water temperatures checked? Yes No If no, explain.</li> </ul>				
● Incident report follow-up? Yes ⊠ No □ If no, explain.				
<ul> <li>Corrective action plan compliance verified?</li> <li>N/A          N/A           </li> <li>Number of excluded employees followed-up</li> </ul>	_			
• 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 400.14316	Resident records.
	(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:
	(a) Identifying information, including, at a minimum, all of the following:
	<ul> <li>(i) Name.</li> <li>(ii) Social security number, date of birth, case number, and marital status.</li> </ul>
	<ul> <li>(iii) Former address.</li> <li>(iv) Name, address, and telephone number of the next of kin or the designated representative.</li> </ul>
	(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. (viii) Funeral provisions and preferences. (ix) Resident's religious preference information.
	<ul> <li>(b) Date of admission.</li> <li>(c) Date of discharge and the place to which the resident was discharged.</li> </ul>
	(d) Health care information, including all of the following:
	<ul> <li>(i) Health care appraisals.</li> <li>(ii) Medication logs.</li> <li>(iii) Statements and instructions for supervising</li> </ul>
	prescribed medication, including dietary supplements and individual special medical procedures.
	<ul> <li>(iv) A record of physician contacts.</li> <li>(v) Instructions for emergency care and advanced medical directives.</li> </ul>
	<ul><li>(e) Resident care agreement.</li><li>(f) Assessment plan.</li><li>(g) Weight record.</li></ul>
	<ul><li>(h) Incident reports and accident records.</li><li>(i) Resident funds and valuables record and resident</li></ul>
	refund agreement. (j) Resident grievances and complaints.

I reviewed a resident file and noted that the Identification Record was not completed in its entirety. The licensee designee did not indicate the admission date or the hospital information. All information shall be recorded and all boxes must be checked on this form.

R 400.14507 Means of egress generally.	
	(6) Occupied room door hardware shall be equipped with positive-latching, non-locking-against-egress hardware.
the living room an	inspection, I noted that the doorknob leading from the kitchen to d the pantry doorknob were not equipped with positive-latching, st-egress hardware. All interior/occupied doors shall be equipped te hardware.

#### IV. RECOMMENDATION

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

Jusan Hutchinson

October 24, 2022

Susan Hutchinson	Date
Licensing Consultant	