



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

ORLENE HAWKS
DIRECTOR

October 31, 2022

Sandra Williams-Sulaiman
Golden Residential Facility LLC
1912 Cambridge Drive
Kalamazoo, MI 49001

RE: License #: AS390394619
Golden Residential Facility LLC
1912 Cambridge Drive
Kalamazoo, MI 49001

Dear Mrs. Williams-Sulaiman:

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) 284-9730.

Sincerely,

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

Cathy Cushman, Licensing Consultant
Bureau of Community and Health Systems
611 W. Ottawa Street
P.O. Box 30664
Lansing, MI 48909
(269) 615-5190

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

I. IDENTIFYING INFORMATION

License #:	AS390394619
Licensee Name:	Golden Residential Facility LLC
Licensee Address:	1912 Cambridge Drive Kalamazoo, MI 49001
Licensee Telephone #:	(269) 365-0002
Licensee Designee:	Sandra Williams-Sulaiman
Administrator:	Sandra Williams-Sulaiman
Name of Facility:	Golden Residential Facility LLC
Facility Address:	1912 Cambridge Drive Kalamazoo, MI 49001
Facility Telephone #:	(269) 365-0002
Original Issuance Date:	05/15/2020
Capacity:	2
Program Type:	DEVELOPMENTALLY DISABLED MENTALLY ILL

II. METHODS OF INSPECTION

Date of On-site Inspection: 10/28/2022

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 1
No. of residents interviewed and/or observed 0
No. of others interviewed [redacted] Role: [redacted]

- Medication pass / simulated pass observed? Yes No If no, explain.
Facility hasn't had residents since early October 2022; therefore, medication wasn't onsite to simulate a pass.
- 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.
The facility doesn't currently have any residents; therefore, a meal wasn't observed.
- 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:
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.

(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:

(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.

FINDING: Resident A's August Medication Administration Record (MAR) included instruction Resident A's Clearlax Powder Mix (17 g) should be administered "once daily"; however, the licensee designee wrote "PRN" next to it, subsequently modifying the prescription order. There was no documentation from a pharmacist or doctor confirming the medication could be switched from a daily/routine medication to an as needed medication, as required.

R 400.14402 Food service.

(2) All food shall be protected from contamination while being stored, prepared, or served and during transportation to a facility.

FINDING: Multiple large containers of sauces were being stored on the facility's kitchen floor next to the stove and near the side door. Containers of food are to be stored off the floor, on clean racks, dollies, or other clean surfaces, in such a manner as to be protected from splash and other contamination

R 400.14402 Food service.

(4) All food service equipment and utensils shall be constructed of material that is nontoxic, easily cleaned and maintained in good repair. All food services equipment and eating and drinking utensils shall be thoroughly cleaned after each use.

FINDING: The facility's refrigerator needed to be cleaned due to observable encrusted food/liquid and debris on the shelves. A facility's kitchen equipment, which includes the refrigerator, should be kept in clean and good condition.

IV. RECOMMENDATION

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



10/31/2022

Cathy Cushman
Licensing Consultant

Date