

GRETCHEN WHITMER GOVERNOR

# STATE OF MICHIGAN DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS LANSING

ORLENE HAWKS DIRECTOR

November 23, 2022

Patricia Larson 3190 Sashabaw Oxford. MI 48371

RE: License #: AF630004797

Seymour Lake Home 3190 Sashabaw Oxford, MI 48371

Dear Ms. Larson:

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. To verify your implementation and compliance with this corrective action plan you are to submit a Statement of Correction.

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,

Cindy Berry, Licensing Consultant

Bureau of Community and Health Systems

3026 West Grand Blvd Cadillac Place Ste 9-100

Detroit, MI 48202 (248) 860-4475

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

### I. IDENTIFYING INFORMATION

**License #:** AF630004797

**Licensee Name:** Patricia Larson

Licensee Address: 3190 Sashabaw

Oxford, MI 48371

**Licensee Telephone #:** (248) 628-0359

Licensee Designee: N/A

**Administrator:** Patricia Larson

Name of Facility: Seymour Lake Home

Facility Address: 3190 Sashabaw

Oxford, MI 48371

**Facility Telephone #:** (248) 628-0359

Original Issuance Date: 04/12/1982

Capacity: 6

Program Type: DEVELOPMENTALLY DISABLED

**MENTALLY ILL** 

**AGED** 

# **II. METHODS OF INSPECTION**

Date of On-site Inspection(s):			11/22/2022	
Date of Bureau of Fire Services Insp	pection if applicable:		N/A	
Date of Health Authority Inspection	if applicable:		9/22/2022	
No. of staff interviewed and/or obse No. of residents interviewed and/or No. of others interviewed 0 R		1 2		
Medication pass / simulated par	ss observed? Yes $oxtime$	No 🗌 If	no, explain.	
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 ⋈ No ☐ If no, explain.</li> <li>Meal preparation / service observed? Yes ☐ No ⋈ If no, explain. There was no meal preparation/service provided at the time of the on-site.</li> <li>Fire drills reviewed? Yes ⋈ No ☐ If no, explain.</li> </ul>				
▶ Fire safety equipment and practices observed? Yes ⊠ No ☐ 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>				
<ul> <li>Incident report follow-up? Yes         There were no incident reports     </li> <li>Corrective action plan complian         N/A ∑     </li> <li>Number of excluded employees</li> </ul>	to follow-up on.		s and rule/s:	
Variances? Yes ☐ (please explain the second content of the s	olain) No 🗌 N/A 🖂			

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

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

R 400.1407

Resident admission and discharge criteria; resident assessment plan; resident care agreement; house guidelines; fee schedule; physicians' instructions; health care appraisal.

(6) A licensee shall review the written resident care agreement with the resident or the resident's designated representative and responsible agency at least annually or more often if necessary.

Resident A and Resident B resident files did not contain a resident care agreement for the following years: 2020 and 2021.

# R 400.1418 Resident medications.

- (1) Prescription medication, including tranquilizers, sedatives, dietary supplements, or individual special medical procedures, shall be given or applied only as prescribed by a licensed physician or dentist. Prescription medication shall be kept in the original pharmacy container which shall be labeled for the specific resident in accordance with the requirements of Act No. 368 of the Public Acts of 1978, as amended, being (33.1101 et. seq. of the Michigan Compiled Laws.
- Resident medication was not kept in the original pharmacy issued container.
- Medications were stored in a weekly pill reminder box for each resident.

### IV. RECOMMENDATION

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

		11/23/2022
Cindy Berry Licensing Consultant		 Date