



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

ORLENE HAWKS
DIRECTOR

December 27, 2022

Elizabeth Hooley
Sparrow Senior Living LLC
64720 Needham Rd
Burr Oak, MI 49030

RE: License #: AS750409137
The Sparrow House
201 Broadus St
Sturgis, MI 49091

Dear Mr./Ms. Hooley:

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 documentation of compliance.
- **Please submit photographs of corrective action plan compliance.**

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 "Nile Khabeiry, LMSW".

Nile Khabeiry, Licensing Consultant
Bureau of Community and Health Systems
Unit 13, 7th Floor
350 Ottawa, N.W.
Grand Rapids, MI 49503

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

I. IDENTIFYING INFORMATION

License #:	AS750409137
Licensee Name:	Sparrow Senior Living LLC
Licensee Address:	64720 Needham Rd Burr Oak, MI 49030
Licensee Telephone #:	(269) 251-0584
Licensee/Licensee Designee:	Elizabeth Hooley
Administrator:	Elizabeth Hooley
Name of Facility:	The Sparrow House
Facility Address:	201 Broadus St Sturgis, MI 49091
Facility Telephone #:	(269) 251-0584
Original Issuance Date:	07/05/2022
Capacity:	6
Program Type:	AGED

II. METHODS OF INSPECTION

Date of On-site Inspection(s): 12/01/2022

Date of Bureau of Fire Services Inspection if applicable:

Date of Health Authority Inspection if applicable:

No. of staff interviewed and/or observed 2

No. of residents interviewed and/or observed 2

No. of others interviewed 0 Role: [REDACTED]

- 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.
- 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.
No IR's
- 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 400.14205 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.

FINDINGS: A medical clearance was not in the employee files.

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.

(4) A licensee shall provide the department with written evidence that he or she and the administrator have been tested for communicable tuberculosis and that if the disease is present, appropriate precautions shall be taken. The results of subsequent testing shall be verified every 3 years thereafter.

FINDINGS: A TB test was not in the employee files.

R 400.14210 Resident register.

A licensee shall maintain a chronological register of residents who are admitted to the home. The register shall include all of the following information for each resident:

- (a) Date of admission.
- (b) Date of discharge.
- (c) Place and address to which the resident moved, if known.

FINDINGS: There was no resident register.

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 pharmacy-supplied 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.

FINDINGS: Resident medications were not locked and some medications were not in the pharmacy supplied container.

R 400.14314 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.

FINDINGS: Resident files did not have the Resident Funds Part-I document.

A corrective action plan was requested and approved on 12/01/2022. 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.

Nile Khabeiry, LMSW

12/27/22

Date

Nile Khabeiry, LMSW
Licensing Consultant