



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

ORLENE HAWKS
DIRECTOR

January 25, 2023

Julie Deppner
The Meadows at Silver Maples
100 Silver Maples Drive
Chelsea, MI 48118

RE: License #: AH810236843
The Meadows at Silver Maples
200 Silver Maples Drive
Chelsea, MI 48118

Dear Ms. Deppner:

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 home for the aged authorized representative and a date.

Upon receipt of an acceptable corrective action plan, a regular license will be issued. If you fail to submit an acceptable corrective action plan, disciplinary action will result.

Please review the enclosed documentation for accuracy and contact me with any questions. In the event that I am not available and you need to speak to someone immediately, please feel free to contact the local office at (517) 241-1970.

Sincerely,

Jessica Rogers, Licensing Staff
Bureau of Community and Health Systems
611 W. Ottawa Street
P.O. Box 30664
Lansing, MI 48909
(517) 285-7433
enclosure

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

I. IDENTIFYING INFORMATION

License #:	AH810236843
Licensee Name:	Silver Maples of Chelsea
Licensee Address:	100 Silver Maples Dr. Chelsea, MI 48118-1399
Licensee Telephone #:	(734) 475-4111
Authorized Representative:	Julie Deppner
Administrator/Licensee Designee:	Megan Wojton
Name of Facility:	The Meadows at Silver Maples
Facility Address:	200 Silver Maples Drive Chelsea, MI 48118
Facility Telephone #:	(734) 475-1490
Original Issuance Date:	03/01/2000
Capacity:	71
Program Type:	AGED

II. METHODS OF INSPECTION

Date of On-site Inspection(s): 01/24/2023

Date of Bureau of Fire Services Inspection if applicable: 5/10/2022, 7/12/2022, 8/12/2022

Inspection Type: ☐ Interview and Observation ☒ Worksheet
☐ Combination

Date of Exit Conference: 01/24/2023

No. of staff interviewed and/or observed 15

No. of residents interviewed and/or observed 35

No. of others interviewed One Role Resident's family member

- Medication pass / simulated pass observed? Yes ☒ No ☐ If no, explain.
- Medication(s) and medication records(s) reviewed? Yes ☒ No ☐ If no, explain.
- Resident funds and associated documents reviewed for at least one resident? Yes ☐ No ☒ If no, explain. No resident funds held.
- Meal preparation / service observed? Yes ☒ No ☐ If no, explain.
- Fire drills reviewed? Yes ☐ No ☒ If no, explain.
Bureau of Fire Services reviews fire drills. Staff interviewed regarding disaster plan.
- Water temperatures checked? Yes ☒ No ☐ If no, explain.
- Incident report follow-up? Yes ☐ IR date/s: N/A ☒
- Corrective action plan compliance verified? Yes ☒ CAP date/s and rule/s: Renewal LSR dated 1/15/2021 to CAP dated 1/25/2021: R 325.1932(2), R 325.1976(5)
- Number of excluded employees followed up? N/A ☒

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

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

R 325.1921 Governing bodies, administrators, and supervisors.

(1) The owner, operator, and governing body of a home shall do all of the following:

(b) Assure that the home maintains an organized program to provide room and board, protection, supervision, assistance, and supervised personal care for its residents.

For Reference:

R 325.1901 Definitions.

(16) "Protection" means the continual responsibility of the home to take reasonable action to ensure the health, safety, and wellbeing of a resident as indicated in the resident's service plan, including protection from physical harm, humiliation, intimidation, and social, moral, financial, and personal exploitation while on the premises, while under the supervision of the home or an agent or employee of the home, or when the resident's service plan states that the resident needs continuous supervision.

Ms. Wojton stated Resident A's hospital bed had a bedside assistive device which was ordered by her hospice agency. Ms. Wojton stated Resident A's device was ordered to assist herself up in bed, however she had planned to have it removed due to Resident A no longer using it.

Observation of the Resident A's bedside assist device revealed a half u-shaped bar that was covered as to not allow her head or extremities to fit through the opening. Resident A's device was secured to the bed frame.

Interview with Ms. Wojton revealed she could not locate the physician order for the bedside assistive device. Ms. Wojton stated the facility did not maintain the manufacturing instructions for the device, nor did maintenance staff maintain documentation of their checks or measurements. Ms. Wojton stated staff notified herself or maintenance if the device was loose.

In addition, Resident A's service plan read she was able to transfer without assistance. Review of Resident A's service plan revealed it omitted or lacked sufficient information for specific use, care, and maintenance of the device including a means for the resident to summon staff, methods for on-going monitoring of the resident, methods of monitoring the equipment by trained staff for maintenance of the device and for monitoring measurements of gaps to protect the resident from the possibility of physical harm related to entrapment, entanglement, strangulation, etc.

Given the observations listed above and the lack of an organized plan the facility has not provided reasonable protective measures to ensure resident well-being and safety during the use of a bedside assistive device.

VIOLATION ESTABLISHED

R 325.1932 Resident medications.

(3) If a home or the home's administrator or direct care staff member supervises the taking of medication by a resident, then the home shall comply with all of the following provisions:

(e) Adjust or modify a resident's prescription medication with instructions from a prescribing licensed health care professional who has knowledge of the medical needs of the resident. A home shall record, in writing, any instructions regarding a resident's prescription medication.

Review of Resident A's medication administration records (MARs) revealed she was prescribed the following as needed (PRN) medications for pain: Ibuprofen, Tylenol, and Morphine (prescribed for pain and shortness of breath). Although Resident A's MARs read to alternate administration of the prescribed Tylenol and Motrin, they lacked sufficient and specific instructions for staff to determine whether the three PRN medications were to be given together, separately, in tandem, or one instead of another.

VIOLATION ESTABLISHED

R 325.1954 Meal and food records.

The home shall maintain a record of the meal census, to include residents, personnel, and visitors, and a record of the kind and amount of food used for the preceding 3-month period.

Interview with Employee #1 revealed records were maintained for the number of residents, personnel, and visitors served as well as the kind of food, however records for the amount of food served had not been maintained for approximately one month.

VIOLATION ESTABLISHED

R 325.1976 Kitchen and dietary.

(13) A multi-use utensil used in food storage, preparation, transport, or serving shall be thoroughly cleaned and sanitized after each use and shall be handled and stored in a manner which will protect it from contamination.

Interview with Employee #2 revealed the use of chemical sanitization was utilized and tested three times daily at each meal to demonstrate the task was completed, however the January 2023 records were incomplete. For example, one or more times each day were left blank on the log from 1/1/2023 through 1/23/2023.

VIOLATION ESTABLISHED

R 325.1976 Kitchen and dietary.

(6) Food and drink used in the home shall be clean and wholesome and shall be manufactured, handled, stored, prepared, transported, and served so as to be safe for human consumption.

Inspection of the facility kitchen revealed the refrigerator contained items that were not dated including but not limited to soy sauce and sweet and sour dressing.

VIOLATION ESTABLISHED

IV. RECOMMENDATION

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



01/25/2023

Date

Licensing Consultant