



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

ORLENE HAWKS  
DIRECTOR

September 18, 2019

Jayne Glaza  
Premier Operating Lapeer AL, LLC  
1442 Suncrest Drive  
Lapeer, MI 48446

RE: License #:	AL440383805 <b>The Pines Of Lapeer</b> <b>1442 Suncrest Drive</b> <b>Lapeer, MI 48446</b>
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Dear Ms. Glaza:

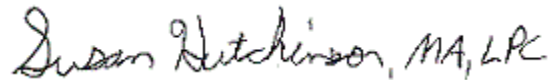
Attached is the Renewal Licensing Study Report for the facility referenced above. You have submitted an acceptable written corrective action plan addressing the violations cited in the report. To verify your implementation and compliance with this corrective action plan:

- You are to submit documentation of compliance.

The study has determined substantial compliance with applicable licensing statutes and administrative rules. Providing the facility receives an acceptable rating from the Bureau of Fire Services, your license will be renewed on November 19, 2020. 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 (517) 284-9720.

Sincerely,

A handwritten signature in cursive script that reads "Susan Hutchinson, MA, LPE".

Susan Hutchinson, Licensing Consultant  
Bureau of Community and Health Systems  
4809 Clio Road  
Flint, MI 48504  
(989) 293-5222

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

**I. IDENTIFYING INFORMATION**

<b>License #:</b>	AL440383805
<b>Licensee Name:</b>	Premier Operating Lapeer AL, LLC
<b>Licensee Address:</b>	6th Floor 299 Park Ave New Yourk, NY 10171
<b>Licensee Telephone #:</b>	(419) 429-9984
<b>Licensee/Licensee Designee:</b>	Jayne Glaza
<b>Administrator:</b>	Aimee Smith
<b>Name of Facility:</b>	The Pines of Lapeer
<b>Facility Address:</b>	1442 Suncrest Drive Lapeer, MI 48446
<b>Facility Telephone #:</b>	(810) 245-9302
<b>Original Issuance Date:</b>	05/19/2017
<b>Capacity:</b>	20
<b>Program Type:</b>	AGED

## II. METHODS OF INSPECTION

Date of On-site Inspection(s): 09/17/2019

Date of Bureau of Fire Services Inspection if applicable: TBD

Date of Health Authority Inspection if applicable: 09/17/2019

Inspection Type: ☐ Interview and Observation ☒ Worksheet  
☐ Combination ☐ Full Fire Safety

No. of staff interviewed and/or observed 4  
No. of residents interviewed and/or observed 16  
No. of others interviewed 0 Role: N/A

- 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.
- 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:	
<b>R 400.15205</b>	<b>Health of a licensee, direct care staff, administrator, other employees, those volunteers under the direction of the licensee, and members of the household.</b>
	<b>(5) A licensee shall obtain written evidence, which shall be available for department review, that each direct care staff, other employees, and members of the household have been tested for communicable tuberculosis and that if the disease is present, appropriate precautions shall be taken as required by state law. Current testing shall be obtained before an individual's employment, assumption of duties, or occupancy in the home. The results of subsequent testing shall be verified every 3 years thereafter or more frequently if necessary.</b>
At the time of my inspection, I noted that not all staff had written evidence that they have been tested for communicable tuberculosis within the past 3 years as required by this rule.	
<b>R 400.15312</b>	<b>Resident medications.</b>
	<b>(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.</b>
At the time of my inspection, I found that several residents had prescription and non-prescription medications that were being stored in their individual rooms. All medications must be kept in a locked cabinet or drawer as required by this rule.	

A corrective action plan was requested and approved on 09/17/2019. 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 effective November 19, 2019.

*Susan Hutchinson, MA, LPC*

September 18, 2019

Susan Hutchinson Licensing Consultant	Date
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