

GRETCHEN WHITMER GOVERNOR STATE OF MICHIGAN DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS LANSING

ORLENE HAWKS DIRECTOR

May 19, 2023

Melissa Doss CMHB Of CEI Counties Suite 115 812 E Jolly Road Lansing, MI 48910

> RE: License #: AM230249421 MLK Road Home 300 North Michigan Eaton Rapids, MI 48827

Dear Ms. Doss:

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 licensee or licensee designee or home for the aged authorized representative and a date.

Upon receipt of an acceptable corrective plan, a regular license and your special certification 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,

Jana Sippo

Jana Lipps, Licensing Consultant Bureau of Community and Health Systems 611 W. Ottawa Street P.O. Box 30664 Lansing, MI 48909

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

I. IDENTIFYING INFORMATION

License #:	AM230249421
Licensee Name:	CMHB Of CEI Counties
Licensee Address:	Suite 115 812 E Jolly Road Lansing, MI 48910
Licensee Telephone #:	(517) 346-8200
Licensee/Licensee Designee:	Melissa Doss
Administrator:	Melissa Doss
Name of Facility:	MLK Road Home
Facility Address:	300 North Michigan Eaton Rapids, MI 48827
Facility Telephone #:	(517) 663-2374
Original Issuance Date:	04/09/2003
Capacity:	12
Program Type:	MENTALLY ILL

II. METHODS OF INSPECTION

Date of On-site Inspection(s): 05/18/2023

Date of Bureau of Fire Services Inspection if applicable: 05/05/23

Date of Environmental/Health Inspection if applicable: 02/06/23

No. of staff interviewed and/or observed3No. of residents interviewed and/or observed7No. of others interviewed1Role:Licensee Designee

- Medication pass / simulated pass observed? Yes \boxtimes No \square 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 X If no, explain. The facility is not currently managing cash funds for the current residents.
- Meal preparation / service observed? Yes 🗌 No 🖂 If no, explain. Inspection took place after the noon meal.
- Fire drills reviewed? Yes \square No \square If no, explain.
- Fire safety equipment and practices observed? Yes \boxtimes No \square If no, explain.
- E-scores reviewed? (Special Certification Only) Yes No N/A
 If no, explain.
- Water temperatures checked? Yes \boxtimes No \square If no, explain.
- Incident report follow-up? Yes 🛛 No 🗌 If no, explain.
- Corrective action plan compliance verified? Yes ⊠ CAP date/s and rule/s: Rule 803.6, 301.9, 315.3, 403.4, CAP dated 2/21/23. N/A □
- Number of excluded employees followed-up? N/A
- Variances? Yes X (please explain) No N/A The facility has a current variance for Rule 315.3, regarding resident funds. I observed their electronic tracking sheet during this inspection.

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

*Coding of residents in this inspection report is consistent with the coding used in the interim inspection, Confirming Letter, dated 2/10/23.

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

R 400.14312 Resident medications.

(2) Medication shall be given, taken, or applied pursuant to label instructions.

During on-site inspection I reviewed the Medication Administration Record (MAR) for Resident E for the month of May 2023. Resident E is prescribed Omeprazole DR 40 MG CAPS daily. The Omeprazole medication was documented as not being administered on the following dates, 5/1/23 - 5/18/23. Resident E is also prescribed Vitamin D3 20000IU CAP daily. On the May 2023 MAR it was documented that the Vitamin D3 was not administered to Resident D on the following dates, 5/1/23 - 5/18/23.

During on-site inspection I reviewed the May 2023 MAR for Resident C. Resident C is prescribed Probiotic Complex Capsule daily. This medication was documented as not being administered on the following dates, 5/1/23 - 5/17/23.

R 400.14401 Environmental health.

(7) Each habitable room shall have direct outside ventilation by means of windows, louvers, air-conditioning, or mechanical ventilation. During fly season, from April to November, each door, openable window, or other opening to the outside that is used for ventilation purposes shall be supplied with a standard screen of not less than 16 mesh.

During on-site inspection, Resident C's window did not contain a screen.

R 400.14403 Maintenance of premises.

(4) A roof, exterior walls, doors, skylights, and windows shall be weathertight and watertight and shall be kept in sound condition and good repair.

At the time of the on-site inspection, Resident C's window sill was found to be damaged and in need of repair.

R 400.14407 Bathrooms.

(1) Bathrooms and toilet facilities that do not have windows shall have forced ventilation to the outside. Bathroom windows that are used for ventilation shall open easily.

At the time of on-site inspection, the four resident bathrooms did not appear to have functioning forced ventilation to the outside and none of these four bathrooms contain a window.

IV. RECOMMENDATION

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

05/19/23

Jana Lipps Licensing Consultant

Date