



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

ORLENE HAWKS  
DIRECTOR

February 3, 2023

Jeffrey Swider  
Canton Crossings, LLC  
46648 Woodside Dr  
Canton, MI 48187

RE: License #: AS820375675  
**Canton Crossings**  
**1474 N Sheldon**  
**Canton, MI 48187**

Dear Mr. Swider:

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 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 (313) 456-0380.

Sincerely,

A handwritten signature in blue ink that reads "K. Robinson". The signature is written in a cursive style with a large, stylized "K" and "R".

K. Robinson, LMSW, Licensing Consultant  
Bureau of Community and Health Systems  
Cadillac Pl. Ste 9-100  
3026 W. Grand Blvd  
Detroit, MI 48202  
(313) 919-0574

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

**I. IDENTIFYING INFORMATION**

**License #:** AS820375675

**Licensee Name:** Canton Crossings, LLC

**Licensee Address:** 1474 N. Sheldon Rd  
Canton, MI 48187

**Licensee Telephone #:** (248) 420-1731

**Licensee/Licensee Designee:** Jeffrey Swider, Designee

**Administrator:** Jeffrey Swider

**Name of Facility:** Canton Crossings

**Facility Address:** 1474 N Sheldon  
Canton, MI 48187

**Facility Telephone #:** (734) 404-5283

**Original Issuance Date:** 08/10/2016

**Capacity:** 6

**Program Type:** AGED

## II. METHODS OF INSPECTION

Date of On-site Inspection(s): 02/01/2023

Date of Bureau of Fire Services Inspection if applicable:

Date of Health Authority Inspection if applicable:

No. of staff interviewed and/or observed 01

No. of residents interviewed and/or observed 06

No. of others interviewed 01 Role: Licensee designee

- Medication pass / simulated pass observed? Yes  No  If no, explain. Face-to-Face contact was limited to mitigate risks of Covid-19.
- 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: 301(4), 203(1), 507(5), and 401(2) 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 400.14204            Direct care staff; qualifications and training.**

**(3) A licensee or administrator shall provide in-service training or make training available through other sources to direct care staff. Direct care staff shall be competent before performing assigned tasks, which shall include being competent in all of the following areas:  
(b) First aid.**

Direct care worker, McKayla Snow was hired to work at the facility on 4/9/22; Ms. Snow's employee record does not have verification of First Aid training.

Mr. Swider reported Ms. Snow was trained in Basic Life Support (BLS) through the Red Cross which he believes does include First Aid training. According to Mr. Swider, Ms. Snow is a nursing student.

On 2/3/23, I contacted the Red Cross by phone to clarify the curriculum for BLS training. Per Wanda M. (agent) and Susan with the Instructor Support Group, BLS training is an advanced CPR course for persons in the healthcare field. Susan reported BLS does **not** include First Aid training. Per Susan and Wanda M., the training certificate must state "BLS with First Aid" to verify both training courses were completed. Ms. Snow's training certificate does not state "with First Aid."

This is a **REPEAT VIOLATION**; See Renewal LSR dated 2/28/19; Mr. Swider submitted an approved corrective action plan on 3/15/19 outlining the action steps to be taken to achieve compliance with the Rule requirement.

**R 400.14301            Resident admission criteria; resident assessment plan; emergency admission; resident care agreement; physician's instructions; health care appraisal.**

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

I reviewed 2 of 2 resident records (J.M. and N.J.) and determined Mr. Swider did not complete Resident Care Agreements (RCA), annually. I observed comments written on the front page of the RCAs to denote rate changes to the cost of care. These comments were dated. However, the signature pages were not updated year-to-year to include the signature of the licensee, the resident or the resident's designated representative, when applicable.

This is a **REPEAT VIOLATION**; See Renewal LSR dated 2/28/19; Mr. Swider submitted an approved corrective action plan on 3/15/19 outlining the action steps to be taken to achieve compliance with the Rule requirement.

**R 400.14312 Resident medications.**

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

Upon review of J.M.'s Medication Administration Record (MAR), I observed she did not receive her inhaler 12/22/21 through 12/25/21. There is a comment at the bottom of the MAR indicating the home is "waiting for script to be refilled". Per Mr. Swider, the resident's family insists on being responsible for her medication. As a result, the family did not bring the medication refill to the home in a timely manner, so the resident ran out of medication for a brief period.

**R 400.14312 Resident medications.**

(4) When a licensee, administrator, or direct care staff member supervises the taking of medication by a resident, he or she shall comply with all of the following provisions:

(b) Complete an individual medication log that contains all of the following information:

(i) The medication.

(ii) The dosage.

(iii) Label instructions for use.

(iv) Time to be administered.

(v) The initials of the person who administers the medication, which shall be entered at the time the medication is given.

(vi) A resident's refusal to accept prescribed medication or procedures.

Observed Medication Administration Records that do not contain the signature of the person(s) administering resident medication dating back to Jan 2022, July 2022, Sept 2022, and Dec 2022.

This is a **REPEAT VIOLATION**; See Renewal LSR dated 2/28/19; Mr. Swider submitted an approved corrective action plan on 3/15/19 outlining the action steps to be taken to achieve compliance with the Rule requirements.

#### IV. RECOMMENDATION

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



2/3/23

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Kara Robinson  
Licensing Consultant

Date