



STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

GRETCHEN WHITMER
GOVERNOR

ORLENE HAWKS
DIRECTOR

April 3rd, 2023

Rebecca Long
Sensations
511 E. Shepherd
Charlotte, MI 48813

RE: License #:	AH230303551 Sensations 511 E. Shepherd Charlotte, MI 48813
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Dear Ms. Long:

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) 284-9730.

Sincerely,

Kimberly Horst, Licensing Staff
Bureau of Community and Health Systems
611 W. Ottawa Street
Lansing, MI 48909

enclosure

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

I. IDENTIFYING INFORMATION

License #:	AH230303551
Licensee Name:	AWL Companies LLC
Licensee Address:	511 E. Shepherd Street Charlotte, MI 48813
Licensee Telephone #:	(520) 307-1196
Authorized Representative:	Rebecca Long
Administrator:	Therese Fulgham
Name of Facility:	Sensations
Facility Address:	511 E. Shepherd Charlotte, MI 48813
Facility Telephone #:	(517) 543-8101
Original Issuance Date:	03/03/2011
Capacity:	39
Program Type:	ALZHEIMERS AGED

II. METHODS OF INSPECTION

Date of On-site Inspection(s): 03/24/2023

Date of Bureau of Fire Services Inspection if applicable: 08/11/2022

Inspection Type: Interview and Observation Worksheet
 Combination

Date of Exit Conference: 04/03/2023

No. of staff interviewed and/or observed 3

No. of residents interviewed and/or observed 2

No. of others interviewed 0 Role N/A

- 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. Resident funds not kept in trust
- Meal preparation / service observed? Yes No If no, explain.
- Fire drills reviewed? Yes No If no, explain.
Disaster plans reviewed and fire drills reviewed
- 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: AH230303551_SIR_2022A1028069:R 325.1921(1) 10/24/2022
-
- Number of excluded employees followed up? 2 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.
	<p>(1) The owner, operator, and governing body of a home shall do all of the following:</p> <p>(b) Assure that the home maintains an organized program to provide room and board, protection, supervision, assistance, and supervised personal care for its residents.</p>
For Reference: R 325.1901	Definitions.
	<p>(16) "Protection" means the continual responsibility of the home to take reasonable action to ensure the health, safety, and well-being 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.</p>
<p>Upon my inspection, Resident A had bedside assistive devices attached to their bed. I reviewed Resident A records and found physician orders for the bedside assistive devices. However, the order did describe the purpose and use of the assistive device.</p> <p>The service plans for the Resident A lacked information about the devices related to purpose of use, staff responsibility to ensure devices were safe, and ongoing maintenance schedules. For instance, instruction regarding whether the resident could summon staff independently for help or require monitoring on a predetermined frequency was not defined. In addition, it lacked what staff were responsible for, and what methods were to be used in determining if the device posed a risk.</p>	

IV. RECOMMENDATION

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

Kimberly Host

04/03/2023

Licensing Consultant

Date