



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

ORLENE HAWKS
DIRECTOR

July 18, 2023

Paul Barber
Directors Hall
600 Golden Drive
Kalamazoo, MI 49001

RE: License #: AH390236775
Directors Hall
600 Golden Drive
Kalamazoo, MI 49001

Dear Paul Barber:

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 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 I am not available, and you need to speak to someone immediately, please feel free to contact the local office at (616) 356-0100

Sincerely,

Julie Viviano, Licensing Staff
Bureau of Community and Health Systems
Unit 13, 7th Floor
350 Ottawa, N.W.
Grand Rapids, MI 49503

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

I. IDENTIFYING INFORMATION

License #:	AH390236775
Licensee Name:	Heritage Community of Kalamazoo
Licensee Address:	2400 Portage St. Kalamazoo, MI 49001
Licensee Telephone #:	(269) 343-5345
Authorized Representative:	Paul Barber
Administrator/Licensee Designee:	Amy Beach
Name of Facility:	Directors Hall
Facility Address:	600 Golden Drive Kalamazoo, MI 49001
Facility Telephone #:	(269) 349-8694
Original Issuance Date:	03/01/1974
Capacity:	89
Program Type:	AGED ALZHEIMERS

II. METHODS OF INSPECTION

Date of On-site Inspection(s): 7/13/2023

Date of Bureau of Fire Services Inspection if applicable: BFS – C; 11/10/2023

Inspection Type: ☐ Interview and Observation ☒ Worksheet
☐ Combination

Date of Exit Conference: 7/13/2023

No. of staff interviewed and/or observed 15

No. of residents interviewed and/or observed 31

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. The home does not keep resident funds in trust.
- Meal preparation / service observed? Yes ☒ No ☐ If no, explain.
- Fire drills reviewed? Yes ☐ No ☒ If no, explain.
Reviewed disaster plans along with interviewed staff on policies and procedures.
- Water temperatures checked? Yes ☒ No ☐ If no, explain.
- Incident report follow-up? Yes ☒ IR date/s: 1/30/2023 & 3/31/2023 N/A ☐
- Corrective action plan compliance verified? Yes ☐ CAP date/s and rule/s: 1/30/2023 - 2023A1028010; 3/31/2023 - 2023A1028045
- Number of excluded employees followed up? 0 N/A ☒

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

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

R 325.1932	Resident medications.
	(1) Medication shall be given, taken, or applied pursuant to labeling instructions or orders by the prescribing licensed health care professional.
ANALYSIS:	Review of Resident A's medication administration record (MAR) revealed the following: <ul style="list-style-type: none">• On 5/22/2023, the record is blank for the 8:00pm entry of Sulfasalazine 500mg tablet to be taken by mouth twice daily. It cannot be determined if Resident A received, refused, or missed medication administration due to the incomplete record.• On 5/22/2023, the record is blank for the 8:00pm entry of Tamsulosin HCL 0.4mg capsule to be taken by mouth at bedtime. It cannot be determined if Resident A received, refused, or missed medication administration due to the incomplete record.
CONCLUSION:	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: (a) Be trained in the proper handling and administration of medication.
ANALYSIS:	Inspection revealed resident medications stored in an unsecured refrigerator in the medication room. The medication room was unlocked with the door open and easily accessible to anyone in the facility. The unsecured refrigerator also contained employee personal items and food containers.
CONCLUSION:	VIOLATION ESTABLISHED

R 325.1970	Water supply systems.
	(7) The temperature of hot water at plumbing fixtures used by residents shall be regulated to provide tempered water at a range of 105 to 120 degrees Fahrenheit.
ANALYSIS:	Review of the facility hot water temperature logs revealed no evidence resident plumbing fixtures were tested in the preceding 12 months to ensure appropriate regulated temperature. Further review of documentation also revealed the facility common areas water temperatures were found to be 90 degrees Fahrenheit to 122 degrees Fahrenheit which outside the regulated parameter range.
CONCLUSION:	VIOLATION ESTABLISHED

R 325.1972	Solid wastes.
	All garbage and rubbish shall be kept in leakproof, nonabsorbent containers. The containers shall be kept covered with tight-fitting lids and shall be removed from the home daily and from the premises at least weekly.
ANALYSIS:	Inspection of the facility and kitchen revealed multiple garbage containers without tight-fitting lids.
CONCLUSION:	VIOLATION ESTABLISHED

R 325.1975	Laundry and linen requirements.
	(1) A new construction, addition, major building change, or conversion after November 14, 1969 shall provide all of the following: (a) A separate soiled linen storage room. (b) A separate clean linen storage room.
ANALYSIS:	Inspection revealed the second and third-floor clean linen closets and soiled linen closets contained other items (ex. bags of clothing, industrial chemicals, box of Styrofoam cups, varying boxes of medical supplies, garbage, board games, wheelchair,

	shower equipment etc.) stored in the closets. This poses a risk for cross contamination of linens.
CONCLUSION:	VIOLATION ESTABLISHED

R 325.1976	Kitchen and dietary.
	(15) Ice used in the home for any purpose shall be manufactured, stored, transported, and handled in a sanitary manner.
ANALYSIS:	Inspection revealed the third-floor ice chest had the ice scoop stored inside of it. This poses a risk of cross contamination.
CONCLUSION:	VIOLATION ESTABLISHED

R 325.1976	Kitchen and dietary.
	(7) Perishable foods shall be stored at temperatures which will protect against spoilage.
ANALYSIS:	Inspection revealed the memory care unit temperature refrigerator log was in complete. It could not be determined if the refrigerator temperature was monitored and regulated appropriately to protect the food against spoilage.
CONCLUSION:	VIOLATION ESTABLISHED

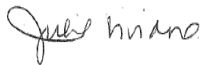
R 325.1979	General maintenance and storage.
	(1) The building, equipment, and furniture shall be kept clean and in good repair.
ANALYSIS:	Inspection revealed the third-floor spa room contained broken floor tile and shower tile. A mold like substance was observed on the floor and between the cracks of the broken tile as well.

	This poses an unsafe environment for residents and facility staff.
CONCLUSION:	VIOLATION ESTABLISHED

R 325.1979	General maintenance and storage.
	(3) Hazardous and toxic materials shall be stored in a safe manner.
ANALYSIS:	On-site inspection revealed industrial chemicals easily accessible to anyone on the second and third-floor spa bathrooms and the memory care unit common area. Insecticide was also found in the memory care unit common area. This presents a potential risk of ingestion and harm to residents in the home with impaired cognition and function.
CONCLUSION:	VIOLATION ESTABLISHED

IV. RECOMMENDATION

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



7/18/2023

Date

Licensing Consultant