

GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS LANSING

MARLON I. BROWN, DPA ACTING DIRECTOR

October 2, 2023

Anna Paige Paige's Supervised Comm Living Inc G 3472 W Pasadena Ave Flint, MI 48504

RE: License #:	AS250010778
	Paige Supervised Comm Liv Inc
	1194 Arrowhead
	Burton, MI 48509

Dear Ms. Paige:

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 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) 643-7960.

Sincerely,

Susan Hutchinson, Licensing Consultant Bureau of Community and Health Systems

Dusan Hutchinson

611 W. Ottawa Street

P.O. Box 30664 Lansing, MI 48909

(989) 293-5222

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

I. IDENTIFYING INFORMATION

License #:	AS250010778
Licensee Name:	Paige's Supervised Comm Living Inc
Licensee Address:	G 3472 W Pasadena Ave
	Flint, MI 48504
	(0.40) 700 0.405
Licensee Telephone #:	(810) 732-6485
Licensee/Licensee Designee:	Anna Paiga
Licensee/Licensee Designee.	Anna Paige
Administrator:	Anna Paige
	7 mma r ange
Name of Facility:	Paige Supervised Comm Liv Inc
Facility Address:	1194 Arrowhead
	Burton, MI 48509
Facility Telephone #:	(810) 742-1845
	0.4/4.4/4.007
Original Issuance Date:	04/14/1987
Consoitu	6
Capacity:	U
Program Type:	PHYSICALLY HANDICAPPED
Togram Type:	DEVELOPMENTALLY DISABLED
Certified Programs:	DEVELOPMENTALLY DISABLED

II. METHODS OF INSPECTION

Date	e of On-site Inspection(s):	09/28/2	023		
Date	e of Bureau of Fire Services Inspection if appl	licable:	N/A		
Date	e of Environmental/Health Inspection if applica	able:	08/22/2023		
No.	of staff interviewed and/or observed of residents interviewed and/or observed of others interviewed 0 Role: N/A		2 6		
•	Medication pass / simulated pass observed?	Yes 🛚	No 🗌 If no, explain.		
•	Medication(s) and medication record(s) review	wed? Y	es 🗵 No 🗌 If no, explain.		
•	Yes ☑ No ☐ If no, explain. Meal preparation / service observed? Yes ☐ No ☑ If no, explain. My inspection did not take place during a mealtime.				
•	Fire safety equipment and practices observe	d? Yes	⊠ No If no, explain.		
•	E-scores reviewed? (Special Certification Only) Yes No NA NA If no, explain. Water temperatures checked? Yes No If no, explain.				
•	Incident report follow-up? Yes ⊠ No ☐ If	no, expla	ain.		
•	Corrective action plan compliance verified? N/A ⊠ Number of excluded employees followed-up′		CAP date/s and rule/s: 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 400.14312	Resident medications.		
(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.			
At the time of my inspection, I noted that there were resident medications in the refrigerator that were not in a locked box. All medications must be in a locked box, cabinet, or drawer.			
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: (c) Record the reason for each administration of medication that is prescribed on an as needed basis.		
At the time of my inspection, I noted that staff is not recording the reason for each administration of a resident's prn. All information shall be documented on the medication administration record in accordance with this rule.			

IV. RECOMMENDATION

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

Dusan Hutchinson	October 2, 2023
Susan Hutchinson Licensing Consultant	Date