



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

MARLON I. BROWN, DPA  
ACTING DIRECTOR

August 30, 2023

Joseph & Marlene Shaffer  
2736 Abes Ln.  
Ortonville, MI 48462

RE: License #: AF630296173  
Jolene's Country Home  
2736 Abes Ln.  
Ortonville, MI 48462

Dear Joseph & Marlene Shaffer:

Attached is the Renewal Licensing Study Report for the facility referenced above. You have submitted an acceptable written corrective action plan addressing the violations cited in the report. To verify your implementation and compliance with this corrective action plan:

- You are to submit documentation of compliance or
- You are to submit a Statement of Correction.

The study has determined substantial compliance with applicable licensing statutes and administrative rules. Therefore, your license is renewed. It is valid only at your present address and is nontransferable. 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 (248) 975-5053.

Sincerely,

A handwritten signature in cursive script that reads 'Kristen Donnay'.

Kristen Donnay, Licensing Consultant  
Bureau of Community and Health Systems  
Cadillac Place  
3026 W. Grand Blvd. Ste 9-100  
Detroit, MI 48202  
(248) 296-2783

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

**I. IDENTIFYING INFORMATION**

<b>License #:</b>	AF630296173
<b>Licensee Name:</b>	Joseph & Marlene Shaffer
<b>Licensee Address:</b>	2736 Abes Ln. Ortonville, MI 48462
<b>Licensee Telephone #:</b>	(248) 793-3115
<b>Name of Facility:</b>	Jolene's Country Home
<b>Facility Address:</b>	2736 Abes Ln. Ortonville, MI 48462
<b>Facility Telephone #:</b>	(248) 793-3115
<b>Original Issuance Date:</b>	03/03/2009
<b>Capacity:</b>	3
<b>Program Type:</b>	PHYSICALLY HANDICAPPED DEVELOPMENTALLY DISABLED MENTALLY ILL AGED ALZHEIMERS

## II. METHODS OF INSPECTION

Date of On-site Inspection(s): 08/30/2023

Date of Bureau of Fire Services Inspection if applicable: N/A

Date of Health Authority Inspection if applicable: 06/20/2023

No. of staff interviewed and/or observed 2

No. of residents interviewed and/or observed 3

No. of others interviewed N/A Role: [REDACTED]

- Medication pass / simulated pass observed? Yes  No  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  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:  
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:

<b>R 400.1407</b>	<b>Resident admission and discharge criteria; resident assessment plan; resident care agreement; house guidelines; fee schedule; physicians instructions; health care appraisal.</b>
	(6) A licensee shall review the written resident care agreement with the resident or the resident’s designated representative and responsible agency at least annually or more often if necessary.

The resident care agreements for Resident Y and Resident C were not reviewed annually in 2023.

<b>R 400.1416</b>	<b>Resident health care.</b>
	<b>(3) A licensee shall record the weight of a resident upon admission and monthly thereafter. Weight records shall be kept on file for 2 years.</b>

Resident C did not have a weight recorded for June or July 2023.


<b>R 400.1418</b>	<b>Resident medications.</b>
	(2) Medication shall be given pursuant to label instructions.

The label instructions for Resident Y’s Cardevil 6.25mg stated take 1 tablet two times daily. The licensee stated that the doctor changed the dose and ½ tablet was handwritten on the label. The licensee was administering ½ tablet twice daily. There was no prescription or documentation on file to show that the prescription had been changed by the physician.

A corrective action plan was requested and approved on 08/30/2023. It is expected that the corrective action plan be implemented within the specified time frames as outlined in the approved plan. A follow-up evaluation may be made to verify compliance. Should the corrections not be implemented in the specified time, it may be necessary to reevaluate the status of your license.

#### IV. RECOMMENDATION

An acceptable corrective action plan has been received. Renewal of the license is recommended.



08/30/2023

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Kristen Donnay  
Licensing Consultant

Date