



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
ACTING DIRECTOR

August 24, 2023

Terry Langston
The Jackson Friendly Home
435 W North St.
Jackson, MI 49202

RE: License #: AH380236825
The Jackson Friendly Home
435 W North St.
Jackson, MI 49202

Dear Licensee:

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 877-458-2757.

Sincerely,

Jessica Rogers, Licensing Staff
Bureau of Community and Health Systems
611 W. Ottawa Street
P.O. Box 30664
Lansing, MI 48909
(517) 285-7433
enclosure

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

I. IDENTIFYING INFORMATION

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|---|--------------------------------------|
| License #: | AH380236825 |
| Licensee Name: | The Jackson Friendly Home |
| Licensee Address: | 435 W North St. Jackson, MI 49202 |
| Licensee Telephone #: | (517) 784-1377 |
| Authorized Representative: | Terry Langston |
| Administrator/Licensee Designee: | Carrie Good |
| Name of Facility: | The Jackson Friendly Home |
| Facility Address: | 435 W North St. Jackson, MI 49202 |
| Facility Telephone #: | (517) 784-1377 |
| Original Issuance Date: | 02/28/2000 |
| Capacity: | 45 |
| Program Type: | AGED |

II. METHODS OF INSPECTION

Date of On-site Inspection(s): 08/23/2023

Date of Bureau of Fire Services Inspection if applicable: 8/31/2022, 9/19/2022

Inspection Type: Interview and Observation Worksheet
 Combination

Date of Exit Conference: 08/24/2023

No. of staff interviewed and/or observed 8
No. of residents interviewed and/or observed 23
No. of others interviewed One Role Resident's family member

- 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.
- Meal preparation / service observed? Yes No If no, explain.
- Fire drills reviewed? Yes No If no, explain.
Bureau of Fire Services reviews fire drills. Disaster plan reviewed and staff interviewed regarding disaster plan.
- 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: SIR 2021A1021046 dated 9/8/2021 to CAP dated 9/21/2021: R 325.1921(1)(b), R 325.1931(2), R 325.1924(3)
- Number of excluded employees followed up? Three 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.

(2) Prescribed medication managed by the home shall be given, taken, or applied pursuant to labeling instructions, orders and by the prescribing licensed health care professional.

Review of Resident A's July and August 2023 medication administration records (MARs) revealed she was prescribed Artificial Tears solution, instill one drip in both eyes four times daily as needed and Naloxone Hydrochloride liquid, use one spray by nasal route once as needed. The medication orders lacked specific written instructions for staff describing the circumstances or reasons to necessitate administration of these as needed medications to Resident A.

Review of Resident B's July and August 2023 MARs revealed she was prescribed Tizanidine HCL 2 mg, take one tablet by mouth every evening in which the order was duplicated, and staff initialed it as administered twice on 7/10/2023, then it was discontinued on 7/10/2023. It was unknown if the medication was administered twice or not.

Additionally, staff did not always document the reasons for administration of Resident B's as needed medications consistent with the licensed healthcare professional's order. For example, the MARs read Resident B was prescribed Asper creme for arthritis, Ibuprofen for pain, Albuterol Sulfate inhaler for shortness of breath or wheezing, and Stomach Relief suspension for indigestion; however, staff documented reasons for administration of Asper creme for "switching it up," Albuterol Sulfate for "vertigo/dizziness," and Stomach Relief for "nausea/vomiting" and "diarrhea."

Review of Resident E's July and August 2023 MARs revealed she was prescribed Anbesol Maximum Strength, apply sparingly to affected areas as needed up to four times daily. The medication order lacked specific written instructions for staff describing the circumstances or reasons to necessitate administration of these as needed medications to Resident E. Additionally, the MARs read Resident E was prescribed Lorazepam for anxiety in which staff documented the reason for administration was "anxiety;" however, some staff documented reasons such as "agitation" and "teeth pain."

VIOLATION ESTABLISHED.

R 325.1974 Laundry and linen.

(1) A home that processes its own linen shall provide a well ventilated laundry of sufficient size which shall be equipped to meet the needs of the home.

Observation of the facility laundry room revealed it lacked sufficient ventilation and a separate storage area for soiled linens.

VIOLATION ESTABLISHED.

IV. RECOMMENDATION

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

Jessica Rogers

08/24/2023

Date

Licensing Consultant