



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

MARLON I. BROWN, DPA  
ACTING DIRECTOR

August 23, 2023

Carrie Good  
John George Home  
1501 E Ganson Street  
Jackson, MI 49202

RE: License #: AH380236826  
John George Home  
1501 E Ganson Street  
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,

A handwritten signature in cursive script that reads 'Jessica Rogers'.

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**

<b>License #:</b>	AH380236826
<b>Licensee Name:</b>	John George Home Inc.
<b>Licensee Address:</b>	Suite 301 113 W. Michigan Ave. Jackson, MI 49201
<b>Licensee Telephone #:</b>	(517) 789-8900
<b>Authorized Representative/ Administrator:</b>	Carrie Good
<b>Name of Facility:</b>	John George Home
<b>Facility Address:</b>	1501 E Ganson Street Jackson, MI 49202
<b>Facility Telephone #:</b>	(517) 783-4134
<b>Original Issuance Date:</b>	02/01/2000
<b>Capacity:</b>	46
<b>Program Type:</b>	AGED

## II. METHODS OF INSPECTION

Date of On-site Inspection(s): 08/22/2023

Date of Bureau of Fire Services Inspection if applicable: 07/10/2023, 07/13/2023

Inspection Type:  Interview and Observation  Worksheet  
 Combination

Date of Exit Conference: 08/23/2023

No. of staff interviewed and/or observed 8

No. of residents interviewed and/or observed 26

No. of others interviewed [redacted] Role No visitors at the time of inspection.

- 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: N/A
- Number of excluded employees followed up? N/A

### III. DESCRIPTION OF FINDINGS & CONCLUSIONS

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

**R 325.1932            Resident's 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.**

**For Reference:  
R 325.1932**

**Resident's medications.**

**(3) Staff who supervise the administration of medication for residents who do not self-administer shall comply with all of the following:**

**(c) Contact the appropriate licensed health care professional when the prescribed medication has not been administered in accordance with the label instruction, an order from a health care professional, medication log, or a service plan.**

Review of Resident A's July and August 2023 medication administration records (MARs) revealed he was prescribed medication Prednisone daily in which several doses were "*withheld per DR/RN orders*" on the following dates: 7/3/2023 to 7/6/2023, 7/9/2023 to 7/12/2023, 7/16/2023 to 7/18/2023, 7/20/2023, 7/21/2023, 7/24/2023 to 7/26/2023, 7/29/2023, 7/30/2023, 8/1/2023, 8/3/2023, 8/4/2023, 8/6/2023 to 8/9/2023, 8/12/2023, 8/14/2023 to 8/22/2023. Interview with Employee #1 revealed the doses was held due to resolution of Resident A's skin irritation and a clarification order was not received. The MARs read Resident A was prescribed Memantine twice daily in which there were several morning doses "*withheld per DR/RN orders*" on the following dates: 8/1/2023, 8/3/2023, 8/4/2023, 8/7/2023, 8/8/2023, 8/12/2023, 8/15/2023 to 8/18/2023, 8/21/2023, 8/22/2023.

The MARs read Resident A was prescribed Hyoscyamine Sulfate, dissolve one tablet under the tongue every four hours as needed and Morphine Sulfate, take 5 mg by mouth or under the tongue every four hours 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.

Additionally, staff did not always document the reasons for administration of as needed medications consistent with the licensed healthcare professional's order. For example, the MARs read Resident A was prescribed Lorazepam as needed for anxiety and Haloperidol as needed for agitation. The MARs read staff documented the reasons for administration of as needed Lorazepam as agitation. The MARs read staff documented the reasons for administration of as needed Haloperidol as anxiety. Although the as needed medication Morphine Sulfate lacked a reason for administration, the MARs read staff documented various reasons for administration of the medication such as trouble breathing, general body pain, anxiety, and agitation.

Review of Resident B's July and August MARs revealed as needed medication orders were duplicated. For example, the MARs read Lorazepam and Stomach Relief suspension were prescribed twice by licensed health care professionals. Additionally, the MARs read Resident B was prescribed Clotrimazole 1% cream, apply to affected area(s) twice daily which lacked specific written instructions for staff describing where to apply the medication on Resident B. The MARs read Resident B was prescribed the medication Stomach Relief 525 mg/30 mL suspension, take 30 mLs by mouth as needed (max 8 doses in 24 hours) which lacked specific written instructions for staff describing the circumstances or reasons to necessitate administration of the as needed medication.

Review of Resident C's July and August MARs revealed he was prescribed Stomach Relief 525 mg/30 mL suspension, take 30 mLs every 1 hour as needed (max 8 doses in 24 hours) which lacked specific written instructions for staff describing the circumstances or reasons to necessitate administration of the medication.

**VIOLATION ESTABLISHED**

#### IV. RECOMMENDATION

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

*Jessica Rogers*

08/23/2023

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Date

Licensing Consultant