



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
ACTING DIRECTOR

September 7, 2023

Paul Buchholz
Legacy Assisted Living
5025 Ann Arbor Rd.
Jackson, MI 49201

RE: License #: AH380299010
Legacy Assisted Living
5025 Ann Arbor Rd.
Jackson, MI 49201

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

License #:	AH380299010
Licensee Name:	Ganton Retirement Centers, Inc.
Licensee Address:	7925 Spring Arbor Rd. Spring Arbor, MI 49283
Licensee Telephone #:	(517) 750-0500
Administrator/Authorized Representative:	Paul Buchholz
Name of Facility:	Legacy Assisted Living
Facility Address:	5025 Ann Arbor Rd. Jackson, MI 49201
Facility Telephone #:	(517) 764-2000
Original Issuance Date:	05/12/2009
Capacity:	113
Program Type:	AGED ALZHEIMERS

II. METHODS OF INSPECTION

Date of On-site Inspection(s): 09/07/2023

Date of Bureau of Fire Services Inspection if applicable: 11/23/2022, 12/28/2022, 1/30/2023

Inspection Type: Interview and Observation Worksheet
 Combination

Date of Exit Conference: 9/7/2023

No. of staff interviewed and/or observed 12
No. of residents interviewed and/or observed 32
No. of others interviewed 0 Role

- 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:
• CAP dated 11/1/2023 to SIR 203A1021008 dated 11/16/2022: R 325.1922(5)
• CAP dated 5/3/2023 to SIR 2023A0585026 dated 4/27/2023: R 325.1921(1)(b)
- Number of excluded employees followed up? Six 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.

Medications ordered PRN or “as needed” did not always include written instructions for administration of the medications. For example, Resident A’s August 2023 medication administration record (MAR) read she was prescribed Ibuprofen 600 mg, take one tablet by mouth every eight hours as needed and Alprazolam 0.25 mg, take one table by mouth once daily as need. There were no specific written instructions for staff describing the circumstances or reasons to necessitate administration of PRN medications to Resident A. Additionally, review of Resident C’s July and August 2023 MARs read there were two PRN medications orders without specific written instructions. Furthermore, review of Resident B’s July and August 2023 MARs read he was prescribed as needed Acetaminophen and Morphine Sulfate for pain. Resident B’s MARs read there were orders for two medications for pain which lacked sufficient instructions to determine whether the medications were to be given together, separately, in tandem, or one instead of the other according to the severity of pain.

The MARs were not always completed per the licensed health care professional orders in which some were incomplete or left blank. For example, Resident A’s August 2023 MAR read she was prescribed Metoprolol, take one tablet by mouth twice daily and to hold if her blood pressure was less than 120/70 or heart rate less than 60 in which staff left the blood pressure and heart rate blank on 8/12/2023 and 8/20/2023. Review of Resident D’s August 2023 MARs read she was prescribed Ranolazine in which staff were to monitor her heart rate when administered and the following dates were left blank 8/16/2023, 8/25/2023, 8/28/2023, and 8/30/2023. Additionally, Resident D was prescribed Novolog in which staff were to document her blood sugar, units of medication administered and injection site of the medication; however, the following dates were left blank or incomplete on 7/12/2023, 7/27/2023, 8/12/2023, 8/24/2023, 8/26/2023, 8/27/2023, 8/28/2023, and 8/29/2023. Review of Resident E’s August 2023 MAR revealed she was prescribed Systane Preservative eye drops in which were left blank for the 2:00 PM dose on 8/1/2023, 8/30/2023 and 8/31/2023.

