GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
ACTING DIRECTOR

September 13, 2023

Tyler Wehring
Aspen Grove Assisted Living
7515 Secor Rd
Lambertville, MI 48144

RE: License #: AH580356894
Aspen Grove Assisted Living
7515 Secor Rd
Lambertville, MI 48144

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 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

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 #:	AH580356894
Licensee Name:	CSL Aspen Grove, LLC
Licensee Address:	Suite 160A 16301 Quorum Drive Addison, TX 75001
Licensee Telephone #:	(972) 770-5600
Authorized Representative/ Administrator:	Tyler Wehring
Name of Facility:	Aspen Grove Assisted Living
Facility Address:	7515 Secor Rd Lambertville, MI 48144
Facility Telephone #:	(734) 856-4400
Original Issuance Date:	03/28/2014
Capacity:	83
Program Type:	ALZHEIMERS AGED

II. METHODS OF INSPECTION

Date of On-site Inspection(s): 09/12/2023

Date of Bureau of Fire Services Inspection if applicable: 07/26/2023

Inspection Type: ☐ Interview and Observation ☒ Worksheet ☐ Combination

Date of Exit Conference: 09/12/2023

No. of staff interviewed and/or observed 14
No. of residents interviewed and/or observed 36
No. of others interviewed One Role A resident's brother

- 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. No resident funds held.
- Meal preparation / service observed? Yes ☒ No ☐ If no, explain.

- Fire drills reviewed? Yes ☐ No ☒ If no, explain.
  No, Bureau of Fire Services reviews fire drills. Disaster plan reviewed and staff interviewed regarding disaster plans.
- 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 11/2/2021 for Renewal Licensing Study Report (LSR) dated 10/18/2021: R 325.1923(2), R 325.1931(6)
- CAP dated 1/4/2022 for Special Investigation Report (SIR) dated 1/3/2022: R 325.1931(6)
- 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:

333.20201 **Policy describing rights and responsibilities of patients or residents;**

Sec. 20201. (1) A health facility or agency that provides services directly to patients or residents and is licensed under this article shall adopt a policy describing the rights and responsibilities of patients or residents admitted to the health facility or agency. Except for a licensed health maintenance organization that is subject to chapter 35 of the insurance code of 1956, 1956 PA 218, MCL 500.3501 to 500.3573, the health facility or agency shall post the policy at a public place in the health facility or agency and shall provide the policy to each member of the health facility or agency staff. Patients or residents shall be treated in accordance with the policy.

Observations revealed Resident Rights and Responsibilities were not posted at a public place within the facility.

VIOLATION ESTABLISHED.

R 325.1931 **Employees; general provisions.**

(6) The home shall establish and implement a staff training program based on the home's program statement, the residents service plans, and the needs of employees, such as any of the following:

(a) Reporting requirements and documentation.
(b) First aid and/or medication, if any.
(c) Personal care.
(d) Resident rights and responsibilities.
(e) Safety and fire prevention.
(f) Containment of infectious disease and standard precautions.
(g) Medication administration, if applicable.

For Reference:
R 325.1981 **Disaster plans.**

(3) Personnel shall be trained to perform assigned tasks in accordance with the disaster plan.

Review of Employees #1, #2, #4, #5, #6 and #7 training records revealed they lacked verification of fire prevention training.

Interview with Employee #9 revealed she did not know where the disaster plan book was located nor the procedure for a fire.

REPEAT VIOLATION ESTABLISHED.

[Please reference Renewal Licensing Study Report (LSR) dated 10/18/2021, CAP dated 11/2/2021 and Special Investigation Report (SIR) dated 1/3/2022, CAP dated 1/4/2022].

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's medication administration records (MARs) revealed they were not always administered as prescribed by the licensed health care professional. For example, Residents A and D's July and August MARs read one or more medications were left blank on 7/6/2023 and 8/19/2023. Review of Resident E's MARs revealed one or more medications were left blank on 8/18/2023 and 8/21/2023. Review of Resident G's MARs revealed one or more medications were left blank on 8/16/2023. Therefore, it could not be determined if Residents A, D, E, and G's medications were administered or not.

Review of resident's MARs revealed medications ordered PRN or "as needed" lacked specific written instructions for staff. For example, review of Resident B's July and August 2023 MARs read she was prescribed Acetaminophen, Ibuprofen, and Oxycodone as needed for pain. The MARs read there were three orders for PRN pain medications 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. Another example revealed Resident D's July and August 2023 MARs read she was prescribed Acetaminophen and Ibuprofen as needed for pain without specific written instructions for staff. Resident F's July and August 2023 MARs revealed she was prescribed Acetaminophen and Gabapentin as needed for pain without specific written instructions for staff.

Additionally, review of Resident G's MARs revealed she was prescribed Ondansetron, take one tablet by mouth every six hours as needed for nausea/vomiting, and Ondansetron, inject 2mL intramuscularly every six hours as needed for nausea/vomiting in which lacked specific instructions for staff to determine which route the medication should be administered.

Furthermore, PRN medications did not always include written instructions for administration of the medications. For example, Resident G's MARs read Haloperidol, take one tablet by mouth every six hours as needed. There were no specific written instructions for staff describing the circumstances or reasons to necessitate administration of this PRN medication to Resident G.

Review of resident's PRN medications revealed staff did not always document the reason for administration of the PRN medication consistent with the medication order from the licensed health care professional. For example, Resident B's July 2023 MARs read she was prescribed Hydroxyzine as needed for itching in which staff documented the reason for administration was "anxiety" on 7/20/2023 and "irritable" on 7/26/2023. Resident B's August 2023 MARs read she was prescribed Oxycodone as needed for pain in which staff documented the reason for administration was "agitation" on 8/1/2023 and "restless" on 8/13/2023. Review of Resident G's August 2023 MARs read he was prescribed Lorazepam as needed for anxiety in which staff documented the reason for administration was "refuses to stop self-transferring" on 8/7/2023, "self-transferring" on 8/11/22023, 8/12/2023, and 8/13/2023. Resident G's August 2023 MARs read he was prescribed Morphine as

needed for pain or shortness of breath in which staff documented the reason for administration was “unability (sp) to sit still” on 8/22/2023.

Review of Resident E’s July and August 2023 MARs revealed some medications were documented by staff as “self-administered” while other medications read “not given by facility” in which it was unclear if her medications were self-administered or provided by staff.

VIOLATION ESTABLISHED.

R 325.1953 Menus.

(1) A home shall prepare and post the menu for regular and therapeutic or special diets for the current week. Changes shall be written on the planned menu to show the menu as actually served.

Interview with Employee #8 revealed the facility maintained weekly menus; however, posted three daily menus. Additionally, Employee #8 stated there were six residents with prescribed puree diets and five residents with prescribed mechanical soft diets in which a weekly menu was not posted.

VIOLATION ESTABLISHED.

R 325.1954 Meal and food records.

The home shall maintain a record of the meal census, to include residents, personnel, and visitors, and a record of the kind and amount of food used for the preceding 3-month period.

Interview with Employee #8 revealed staff were to complete the meal census daily for three meals; however, it was incomplete. For example, the meal census was left blank for the dinner meal on 8/22/2023, for breakfast and lunch meals on 8/30/2023 and 9/10/2023.

VIOLATION ESTABLISHED.

R 325.1964 Interiors.

(9) Ventilation shall be provided throughout the facility in the following manner:

(b) Bathing rooms, beauty shops, toilet rooms, soiled linen rooms, janitor closets, and trash holding rooms shall be provided with a minimum of 10 air changes per hour of

continuously operated exhaust ventilation that provide discernable air flow into each of these rooms.

Inspection of the assisted living laundry room exhaust ventilation revealed it lacked adequate and discernable air flow.

VIOLATION ESTABLISHED.

R 325.1976 Kitchen and dietary.

(13) A multi-use utensil used in food storage, preparation, transport, or serving shall be thoroughly cleaned and sanitized after each use and shall be handled and stored in a manner which will protect it from contamination.

Interview with Employee #8 revealed the use of chemical sanitization was utilized and tested daily; however, not recorded, thus it could not be confirmed if proper and adequate sanitization of dishware was completed.

VIOLATION ESTABLISHED.

R 325.1979 General maintenance and storage.

(2) Hazardous and toxic materials shall be stored in a safe manner.

(3)

Observation of the memory care kitchen cupboards revealed a bottle a large bottle of Clorox, urine remover liquid, stored in an unlocked cupboard and accessible to residents. The Clorox was removed from the cupboard at the time of inspection.

Observation of an oxygen storage closet revealed seven oxygen tanks located on a shelf unsecured and not in an oxygen tank holder.

VIOLATION ESTABLISHED.

R 325.1981 Disaster plans.

(1) A home shall have a written plan and procedure to be followed in case of fire, explosion, loss of heat, loss of power, loss of water, or other emergency.

Review of the facility's disaster plan revealed it lacked a written plan and procedure for explosion, loss of heat and loss of water.

VIOLATION ESTABLISHED.

IV. RECOMMENDATION

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

09/13/2023

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Date

Licensing Consultant