



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

MARLON I. BROWN, DPA  
ACTING DIRECTOR

September 15, 2023

Tammy Taylor AND Kerigan Taylor  
2313 E. Lake Rd.  
Clio, MI 48420

RE: License #:	AS250397086 <b>Taylor Lodge</b> <b>11381 Liberty St.</b> <b>Clio, MI 48420</b>
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Dear Tammy Taylor AND Kerigan Taylor:

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 licensee or licensee designee or home for the aged authorized representative and a date.

Upon receipt of an acceptable corrective plan, a regular license will be issued. If you fail to submit an acceptable corrective action plan, disciplinary action will result.

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 (517) 643-7960.

Sincerely,

A handwritten signature in cursive script that reads "Susan Hutchinson".

Susan Hutchinson, Licensing Consultant  
Bureau of Community and Health Systems  
611 W. Ottawa Street  
P.O. Box 30664  
Lansing, MI 48909

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

**I. IDENTIFYING INFORMATION**

<b>License #:</b>	AS250397086
<b>Licensee Name:</b>	Tammy Taylor AND Kerigan Taylor
<b>Licensee Address:</b>	2313 E. Lake Rd. Clio, MI 48420
<b>Licensee Telephone #:</b>	(810) 287-6370
<b>Licensee/Licensee Designee:</b>	Tammy Taylor Kerigan Taylor
<b>Administrator:</b>	Kerigan Taylor
<b>Name of Facility:</b>	Taylor Lodge
<b>Facility Address:</b>	11381 Liberty St. Clio, MI 48420
<b>Facility Telephone #:</b>	(810) 547-7122
<b>Original Issuance Date:</b>	03/28/2019
<b>Capacity:</b>	6
<b>Program Type:</b>	AGED

## II. METHODS OF INSPECTION

Date of On-site Inspection(s): 09/14/2023

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

Date of Health Authority Inspection if applicable: N/A

No. of staff interviewed and/or observed 2

No. of residents interviewed and/or observed 3

No. of others interviewed 0 Role: N/A

- 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.  
My inspection did not take place during a mealtime.
- 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:  
09/14/21, R 400.14318(5) 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 400.14208</b>	<b>Direct care staff and employee records.</b>
	<b>(1) A licensee shall maintain a record for each employee. The record shall contain all of the following employee information: (e) Verification of experience, education, and training.</b>
During my review of employee files, I noted that the licensees did not have verification of staff Madison Taylor’s education. All employee files shall contain proof of education, i.e. high school transcripts, GED certificate, high school diploma.	
<b>R 400.14312</b>	<b>Resident medications.</b>
	<b>(1) Prescription medication, including dietary supplements, or individual special medical procedures shall be given, taken, or applied only as prescribed by a licensed physician or dentist. Prescription medication shall be kept in the original pharmacy-supplied container, which shall be labeled for the specified resident in accordance with the requirements of Act No. 368 of the Public Acts of 1978, as amended, being {333.1101 et seq. of the Michigan Compiled Laws, kept with the equipment to administer it in a locked cabinet or drawer, and refrigerated if required.</b>
At the time of my onsite inspection, I noted that the licensee had prescription medications in the refrigerator that were not in a locked box and/or drawer. All prescription medications shall be kept in a locked cabinet, drawer, or box and refrigerated if required.	
<b>R 400.14318</b>	<b>Emergency preparedness; evacuation plan; emergency transportation.</b>
	<b>(5) A licensee shall practice emergency and evacuation procedures during daytime, evening, and sleeping hours at least once per quarter. A record of the practices shall be maintained and be available for department review.</b>

<b>REPEAT VIOLATION ESTABLISHED: Ref. renewal LSR dated 09/14/21.</b> While reviewing the facility fire drill records, I noted that the licensee failed to complete two of the required four fire drills in 2022 during sleeping hours. Fire drills shall be completed during daytime, evening, and sleeping hours at least once per quarter.	
<b>R 400.14505</b>	<b>Smoke detection equipment; location; battery replacement; testing, examination, and maintenance; spacing of detectors mounted on ceilings and walls; installation requirements for new construction, conversions and changes of category.</b>
	(2) Approved heat detectors may be installed in place of smoke detectors in the kitchen or bathroom and in other areas of the home that contain flame- or heat-producing equipment.
At the time of my onsite inspection, I noted that the facility was not equipped with heat or smoke detectors in the kitchen area or in the laundry room. Heat or smoke detectors must be installed in all areas as described in this rule.	
<b>R 400.14507</b>	<b>Means of egress generally.</b>
	(5) A door that forms a part of a required means of egress shall be not less than 30 inches wide and shall be equipped with positive-latching, non-locking-against-egress hardware.
At the time of my onsite inspection, I noted that the following egress doors were not equipped with positive-latching, non-locking-against-egress hardware: door leading to the garage, door leading to the backyard from the living room, and the front door.	

#### IV. RECOMMENDATION

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

*Susan Hutchinson*

September 15, 2023

Susan Hutchinson Licensing Consultant	Date
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