



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

MARLON I. BROWN, DPA  
ACTING DIRECTOR

September 28, 2023

Delores Gardner  
1095 Langeland  
Muskegon, MI 49442

RE: License #:	AF610336193 Cassadee 1095 Langeland Muskegon, MI 49442
----------------	---

Dear Ms. Gardner:

Attached is the Renewal Licensing Study Report for the facility referenced above. You have submitted an acceptable written corrective action plan addressing the violations cited in the report. To verify your implementation and compliance with this corrective action plan:

- You are to submit documentation of compliance.
- You submitted an acceptable a Statement of Correction.

Please contact me with any questions. If I am not available and you need to speak to someone immediately, you may contact the local office at (616) 356-0100.

Sincerely,

Elizabeth Elliott, Licensing Consultant  
Bureau of Community and Health Systems  
Unit 13, 7th Floor  
350 Ottawa, N.W.  
Grand Rapids, MI 49503  
(616) 901-0585

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

**I. IDENTIFYING INFORMATION**

<b>License #:</b>	AF610336193
<b>Licensee Name:</b>	Delores Gardner
<b>Licensee Address:</b>	1095 Langeland Muskegon, MI 49442
<b>Licensee Telephone #:</b>	(231) 773-9782
<b>Licensee/Licensee Designee:</b>	N/A
<b>Administrator:</b>	N/A
<b>Name of Facility:</b>	Cassadee
<b>Facility Address:</b>	1095 Langeland Muskegon, MI 49442
<b>Facility Telephone #:</b>	(231) 773-9782
<b>Original Issuance Date:</b>	03/11/2013
<b>Capacity:</b>	6
<b>Program Type:</b>	PHYSICALLY HANDICAPPED DEVELOPMENTALLY DISABLED AGED TRAUMATICALLY BRAIN INJURED

**II. METHODS OF INSPECTION**

Date of On-site Inspection(s): 09/18/2023

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 0

No. of residents interviewed and/or observed 0

No. of others interviewed 1 Role: Delores Gardner-Licensee

- Medication pass / simulated pass observed? Yes  No  If no, explain.  
At the time of the inspection, residents were not home nor were medications due to be administered. A review of the resident medications and MAR was conducted.
- 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.
- 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:  
416.1-corrected, 418-VA will assist. 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 400.1416</b>	<b>Resident health care.</b>
	(2) A licensee shall maintain a health care appraisal on file for not less than 2 years from the resident's admission to the home.
<p><b>Finding:</b> Resident's A&amp;B do not have updated Health Care Appraisals in their resident files. The 2022 HCA's are in the files.</p> <p><b>Response:</b> Licensee, Delores Gardner stated the nurse has the 2023 HCA's and they will be in the file as soon as they are completed and returned.</p>	
<b>R 400.1418</b>	<b>Resident medications.</b>
	(1) Prescription medication, including tranquilizers, sedatives, dietary supplements, or individual special medical procedures, shall be given or applied only as prescribed by a licensed physician or dentist. Prescription medication shall be kept in the original pharmacy container which shall be labeled for the specific resident in accordance with the requirements of Act No. 368 of the Public Acts of 1978, as amended, being (33.1101 et. seq. of the Michigan Compiled Laws).
<p><b>Finding:</b> Resident A's docusate 100 mg cap, 1 cap, 2x daily, as needed is not on the MAR and is not being signed as administered by the Licensee.</p> <p><b>Response:</b> Licensee, Delores Gardner stated she administers this medication as prescribed to Resident A but that she failed to put it on the MAR and will add this medication to Resident A's MAR.</p> <p><b>Finding:</b> Resident A's Lidocaine 5% patch is prescribed to be applied to skin every day, but the medication is not signed as administered every day.</p> <p><b>Response:</b> Licensee, Delores Gardner stated this medication should be a PRN (as needed) medication and she will address this with the doctor.</p>	
<b>R 400.1418</b>	<b>Resident medications.</b>
	(3) Unless a resident's physician specifically states otherwise, all the giving, taking, or application of prescription medications shall be supervised by the licensee or responsible person.

**Finding:** Resident A's medication, Triamcinolone Acetonide, Clotrimazole 1% top sol., Miconazole Nitrate 2% powder and Ketoconazole 2% shampoo is in Resident A's possession. Ms. Gardner stated Resident A applies the medications himself and these special medical treatments are in Resident A's room.

**Response:** Licensee, Delores Gardner stated she will get doctor approval for Resident A to have the special medical treatments available to apply himself.

<b>R 400.1421</b>	<b>Handling of resident funds and valuables.</b>
-------------------	--

	(2) A licensee shall have a resident's funds and valuables transaction form completed and on file for each resident. A department form shall be used unless prior authorization for a substitute form has been granted in writing by the department.
--	--

**Finding:** Resident A does not have a Funds Part I form in the resident file.

**Response:** Licensee, Delores Gardner stated she will put a Resident Funds Part I form in Resident A's file.

<b>R 400.1426</b>	<b>Maintenance of premises.</b>
-------------------	---------------------------------

	(1) The premises shall be maintained in a clean and safe condition.
--	---

**Finding:** A cover to the light in a resident room is off/missing.

**Response:** Licensee, Delores Gardner stated she will put a cover on the light fixture.

<b>R 400.1438</b>	<b>Emergency preparedness; evacuation plan; emergency transportation.</b>
-------------------	---

	(4) Fire drills shall be conducted 4 times a year. Two of the 4 required fire drills shall be conducted during sleeping hours. A record of the fire drills shall be incorporated with the evacuation plan.
--	--

**Finding:** Fire drills are completed except only one of the 4 drills took place during sleeping hours.

**Response:** Licensee, Delores Gardner stated she will incorporate another fire drill during sleeping hours.

A corrective action plan was requested and approved on 09/28/2023. It is expected that the corrective action plan be implemented within the specified time frames as outlined in the approved plan. A follow-up evaluation may be made to verify compliance. Should the corrections not be implemented in the specified time, it may be necessary to reevaluate the status of your license. An exit conference was conducted with Licensee, Delores Gardner, Ms. Gardner agreed to get the corrective action plan completed within 30 days of the renewal inspection.

#### IV. RECOMMENDATION

I recommend issuance of a 2-year adult foster care family home license (Capacity 6)



09/28/2023

---

Date

Licensing Consultant