



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
ACTING DIRECTOR

October 17, 2023

Stephanie Yancer
JSY Elder Care
Lot 262
10450 6 Mile Rd.
Battle Creek, MI 49014

RE: License #: AS130415037
Hillside Elder Care
150 Keystone Dr.
Battle Creek, MI 49015

Dear Mrs. Yancer:

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 verification of completion of the required corrections below.**

Upon receiving documentation of completed corrections, I recommend issuance of a regular license to this AFC adult small group home, capacity of five. 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 contact the local office at (517) 284-9730.

Sincerely,

Kevin L. Sellers

Kevin Sellers, Licensing Consultant
Bureau of Community and Health Systems
611 W. Ottawa Street
P.O. Box 30664
Lansing, MI 48909
(517) 230-3704

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

I. IDENTIFYING INFORMATION

License#: AS130415037

Licensee Name: JSY Elder Care

Licensee Address: Lot 262
10450 6 Mile Rd.
Battle Creek, MI 49014

Licensee Telephone #: (269) 986-3496

Licensee Designee: Stephanie Yancer

Administrator: Stephanie Yancer

Name of Facility: Hillside Elder Care

Facility Address: 150 Keystone Dr.
Battle Creek, MI 49015

Facility Telephone #: (269) 986-3496

Original Issuance Date: 04/25/2023

Capacity: 6

Program Type: AGED

II. METHODS OF INSPECTION

Date of On-site Inspection(s): 10/13/2023

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

Date of Health Authority Inspection if applicable: 12/08/2022

No. of staff interviewed and/or observed 1

No. of residents interviewed and/or observed 4

No. of others interviewed 1 Role: Licensee

- 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.
- 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:
CAP 10/13/2023, MCL 400.713
- (3)€, 204 (3)(b)(c), 301 (4), 315 (3), 315 (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:

MCL 400.713

License required; application; forms; investigation; on-site evaluation; issuance or renewal of license; disclosures; maximum number of persons; stating type of specialized program; issuance of license to specific person at specific location; transferability of license; sale of facility; notice; items of noncompliance; refusal by department to issue or renew license; conditions; unlicensed facility; violation as misdemeanor; penalty; receipt of completed application; issuance of license within certain time period; inspections; report; criminal history and records check; storage of fingerprints in automated fingerprint identification system database; convictions; "completed application" defined.

(3) Before issuing or renewing a license, the department shall investigate the activities and standards of care of the applicant and shall make an on-site evaluation of the facility. On-site inspections conducted in response to the application may be conducted without prior notice to the applicant. On-site inspections conducted for renewing a license may be conducted within 12 months before the expiration date of the current license without impact on the license renewal date or the license fee. Subject to subsections (9), (10), and (11), the department shall issue or renew a license if satisfied as to all of the following:

(e) The good moral character of the licensee or licensee designee, owner, partner, director, and person responsible for the daily operation of the facility. The applicant is responsible for assessing the good moral character of the employees of the facility. The person responsible for the daily operation of the facility shall be not less than 18 years of age.

At the time of the inspection, fingerprinting through Michigan Workforce Background check was not completed on direct care worker (DCW) Maycee Yancer. In accordance with AFC rules, licensees, administrators, and direct care workers must be fingerprinted prior to employment.

R 400.14204

Direct care staff; qualifications and training.

(3) A licensee or administrator shall provide in-service training or make training available through other sources to direct care staff. Direct care staff shall be competent before performing assigned tasks, which shall include being competent in all of the following areas:

(b) First aid.

At the time of the inspection, First Aide certifications were not located in employee files for direct care worker (DCWs) Michelle Marshall, Maycee Yancer, Stephanie Eldred, and Kelly Grody. In accordance with AFC rules, direct care workers are required to be certified in First Aide and the certification must be updated every 2 years.

R 400.14204 Direct care staff; qualifications and training.

(3) A licensee or administrator shall provide in-service training or make training available through other sources to direct care staff. Direct care staff shall be competent before performing assigned tasks, which shall include being competent in all of the following areas:

(c) Cardiopulmonary resuscitation.

At the time of the inspection, CPR certifications were not located in employee files for direct care worker (DCWs) Michelle Marshall, Maycee Yancer, Stephanie Eldred, and Kelly Grody. In accordance with AFC rules, direct care workers are required to be certified in CPR and the certification must be updated every 2 years.

R 400.14301 Resident admission criteria; resident assessment plan; emergency admission; resident care agreement; physician's instructions; health care appraisal.

(4) At the time of admission, and at least annually, a written assessment plan shall be completed with the resident or the resident's designated representative, the responsible agency, if applicable, and the licensee. A licensee shall maintain a copy of the resident's written assessment plan on file in the home.

At the time of the inspection, AFC Resident Assessment Plans were observed in Residents A and C's files, however, signatures of the licensee, resident or resident's designee were not documented. Resident Assessment Plans must be completed/reviewed and signed by licensee's, residents, or resident designee's.

R 400.14315 Handling of resident funds and valuables.

(3) 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.

At the time of the inspection, after review three separate resident records. Resident Funds Record Part 1 was not observed in Residents A and B's files. In accordance with AFC rules, every resident must have a Resident Funds Record Part 1 in their resident files with written signatures.

R 400.14315 Handling of resident funds and valuables.

(5) All resident funds, which includes bank accounts, shall be kept separate and apart from all funds and monies of the licensee. Interest and dividends earned on resident funds shall be credited to the resident. Payments for care for the current month may be used by the licensee for operating expenses.

At the time of the inspection, after review three separate resident records. Resident Funds Record Part 2 was not observed in Residents A, B and C's files or located at the facility. In accordance with AFC rules, every resident must have a Resident Funds Record Part 2 in their resident files at the facility.

A corrective action plan was requested and approved on 10/13/2023. 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.

IV. RECOMMENDATION

An acceptable corrective action plan has been received. Renewal of the license is recommended.

Kevin L Sellers

10/17/2023

Kevin Sellers
Licensing Consultant

Date