



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
ACTING DIRECTOR

November 9, 2023

Kaitlyn Shaffer
Centered Care LLC
15945 Wood Rd
Lansing, MI 48820

RE: License #: AM190408916
Centered Care LLC
12511 Old Us 27
Dewitt, MI 48820

Dear Kaitlyn Shaffer:

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) 284-9730.

Sincerely,

A handwritten signature in black ink that reads "Cathy Cushman". The script is cursive and fluid, with the first name "Cathy" and last name "Cushman" clearly legible.

Cathy Cushman, Licensing Consultant
Bureau of Community and Health Systems
611 W. Ottawa Street
P.O. Box 30664
Lansing, MI 48909
(269) 615-5190

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

I. IDENTIFYING INFORMATION

License #:	AM190408916
Licensee Name:	Centered Care LLC
Licensee Address:	15945 Wood Rd Lansing, MI 48820
Licensee Telephone #:	(517) 394-1234
Licensee Designee:	Kaitlyn Shaffer
Administrator:	Kaitlyn Shaffer
Name of Facility:	Centered Care LLC
Facility Address:	12511 Old Us 27 Dewitt, MI 48820
Facility Telephone #:	(517) 394-1234
Original Issuance Date:	06/23/2021
Capacity:	12
Program Type:	PHYSICALLY HANDICAPPED TRAUMATICALLY BRAIN INJURED

II. METHODS OF INSPECTION

Date of On-site Inspection: 11/09/2023

Date of Bureau of Fire Services Inspection if applicable: 11/08/2023

Date of Health Authority Inspection if applicable: 01/06/2021 - date of last inspection

No. of staff interviewed and/or observed 3
No. of residents interviewed and/or observed 8
No. of others interviewed 3 Role: nurses and compliance

- 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:
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:

R 400.14103 **Licenses; required information; fee; effect of failure to cooperate with inspection or investigation; posting of license; reporting of changes in information.**

(2) A license fee shall accompany an original license application and a license renewal application. This fee is nonrefundable.

FINDING: A renewal license application and fee have not been received by the Department.

R 400.14203 **Licensee and administrator training requirements.**

(1) A licensee and an administrator shall complete the following educational requirements specified in subdivision (a) or (b) of this subrule, or a combination thereof, on an annual basis:

(a) Participate in, and successfully complete, 16 hours of training designated or approved by the department that is relevant to the licensee's admission policy and program statement.

(b) Have completed 6 credit hours at an accredited college or university in an area that is relevant to the licensee's admission policy and program statement as approved by the department.

FINDING: The Administrator, Kaitlyn Shaffer, did not have verification of 16 hours of training or 6 credit hours on an annual basis, as required.

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

(6) At the time of a resident's admission, a licensee shall complete a written resident care agreement. A resident care agreement is the document which is established between the resident or the resident's designated representative, the responsible agency, if applicable, and the licensee and which specifies the responsibilities of each party. A resident care agreement shall include all of the following:

(a) An agreement to provide care, supervision, and protection, and to assure transportation services to the resident as indicated in the resident's written assessment plan and health care appraisal.

(b) A description of services to be provided and the fee for the service.

(c) A description of additional costs in addition to the basic fee that is charged.

(d) A description of the transportation services that are provided for the basic fee that is charged and the transportation services that are provided at an extra cost.

(e) An agreement by the resident or the resident's designated representative or responsible agency to provide necessary intake information to the licensee, including health-related information at the time of admission.

(f) An agreement by the resident or the resident's designated representative to provide a current health care appraisal as required by subrule (10) of this rule.

(g) An agreement by the resident to follow the house rules that are provided to him or her.

(h) An agreement by the licensee to respect and safeguard the resident's rights and to provide a written copy of these rights to the resident.

(i) An agreement between the licensee and the resident or the resident's designated representative to follow the home's discharge policy and procedures.

(j) A statement of the home's refund policy. The home's refund policy shall meet the requirements of R 400.14315.

(k) A description of how a resident's funds and valuables will be handled and how the incidental needs of the resident will be met.

(l) A statement by the licensee that the home is licensed by the department to provide foster care to adults.

FINDING: Multiple residents did not have completed Resident Care Agreements (RCAs), as required.

Resident A's RCA did not identify the licensee managing his personal funds; however, upon review of this Resident Funds II form, the licensee was managing his personal funds.

While Resident B's RCA was signed by the Licensee Designee and Resident B's designated representative it had not been filled out/completed, as required.

Resident C's RCA was neither entirely filled out/completed, nor signed by the Licensee Designee.

R 400.14306 Use of assistive devices.

(3) Therapeutic supports shall be authorized, in writing, by a licensed physician. The authorization shall state the reason for the therapeutic support and the term of the authorization.

FINDING: Multiple residents had therapeutic supports in writing; however, the authorizations either did not state the reason for the therapeutic support and/or the term of the authorization, as required.

The order for Resident A's wheelchair only identified the use of the wheelchair rather than stating the reason for it and the term of the authorization.

There was no order for Resident B's wheelchair and walker. Additionally, there was no order identifying the reason for the wheelchair and walker and the terms of these authorizations.

Resident C was identified as needing multiple therapeutic supports (e.g. wheelchair, walker, shower chair/bench); however, there were no orders available stating the reason for the therapeutic supports or the terms of these authorizations.

Resident D also was identified as needing multiple assistive devices (e.g. electric wheelchair, shower chair, hospital bed); however, there were no orders available stating the reason for the therapeutic supports or the terms of these authorizations.

R 400.14401 Environmental health.

(1) Private water systems shall be in compliance with R 325.10101 et seq. of the Michigan Administrative Code. A bacteriological report confirming water quality shall be required during the initial inspection and every 2 years thereafter. Group homes that use a community approved

water system need not be in compliance with this requirement.

FINDING: At the time of the inspection, an approved environmental health report from Mid Michigan District Health Department had not been received. The last approved report was dated 01/06/2021.

R 400.14507 Means of egress generally.

(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.

FINDING: The storm door on the front of the facility was locking against egress.

R 400.14507 Means of egress generally.

(7) Stairways shall have sturdy and securely fastened handrails that are not less than 30, nor more than 34, inches above the upper surface of the tread. Exterior and interior stairways shall have handrails on the open sides. Porches shall also have handrails on the open sides.

FINDING: There was no handrail on the open sides of the steps off the North side of the facility's fire exit, as required.

IV. RECOMMENDATION

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



11/13/2023

Cathy Cushman
Licensing Consultant

Date