



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
ACTING DIRECTOR

January 10, 2024

Marcia Cawley
Lifes Choice Limited Liability Company
2930 Hampshire Blvd
Grand Rapids, MI 49506

RE: License #: AS410408607
Lifes Choice
2930 Hampshire Blvd SE
Grand Rapids, MI 49506

Dear Mrs. Cawley:

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 (616) 356-0183.

Sincerely,

A handwritten signature in cursive script, appearing to read "Toya Zylstra".

Toya Zylstra, Licensing Consultant
Bureau of Community and Health Systems
Unit 13, 7th Floor
350 Ottawa, N.W.
Grand Rapids, MI 49503
(616) 333-9702

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

I. IDENTIFYING INFORMATION

License #: AS410408607

Licensee Name: Lifes Choice Limited Liability Company

Licensee Address: 2930 Hampshire Blvd
Grand Rapids, MI 49506

Licensee Telephone #: (616) 719-1079

Licensee/Licensee Designee: Marcia Cawley, Designee

Administrator: Marcia Cawley

Name of Facility: Lifes Choice

Facility Address: 2930 Hampshire Blvd SE
Grand Rapids, MI 49506

Facility Telephone #: (616) 719-1079

Original Issuance Date: 08/03/2021

Capacity: 6

Program Type: DEVELOPMENTALLY DISABLED
MENTALLY ILL
ALZHEIMERS
AGED

II. METHODS OF INSPECTION

Date of On-site Inspection(s): 01/09/2024
Date of Bureau of Fire Services Inspection if applicable: 01/09/2024
Date of Health Authority Inspection if applicable: 01/09/2024
No. of staff interviewed and/or observed 1
No. of residents interviewed and/or observed 5
No. of others interviewed N/A Role: [REDACTED]

- Medication pass / simulated pass observed? Yes No If no, explain. Medications passed prior to inspection.
- 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. Meal prepared prior to inspection.
- 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 determined to be in substantial compliance with rules and requirements.

This facility was found to be in non-compliance with the following rules:

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:

- (a) Reporting requirements.
- (b) First aid.
- (c) Cardiopulmonary resuscitation.
- (d) Personal care, supervision, and protection.
- (e) Resident rights.
- (f) Safety and fire prevention.
- (g) Prevention and containment of communicable diseases.

Finding: A review of staff training records indicated staff Jerome Robinson has not completed first aid, CPR, Personal care, supervision, and protection, and prevention of communicable diseases trainings.

Exit Conference: Licensee Designee Marcia Cawley stated that Mr. Robinson has been working independently at the facility although Ms. Cawley admitted she had no confirmation that Mr. Robinson completed said trainings. Ms. Cawley stated that Mr. Robinson was hired 09/2023. Ms. Cawley stated that she agreed with the finding.

R 400.14205 Health of a licensee, direct care staff, administrator, other employees, those volunteers under the direction of the licensee, and members of the household.

(3) A licensee shall maintain, in the home, and make available for department review, a statement that is signed by a licensed physician or his or her designee attesting to the physician's knowledge of the physical health of direct care staff, other employees, and members of the household. The statement shall be obtained within 30 days of an individual's employment, assumption of duties, or occupancy in the home.

Finding: A review of staff Jerome Robinson's personnel file indicated that Mr. Robinson has not completed an initial medical evaluation.

Exit Conference: Licensee Designee Marcia Cawley stated that Mr. Robinson has been working independently at the facility although Ms. Cawley admitted she had no confirmation that Mr. Robinson secured a statement that is signed by a licensed physician or his or her designee attesting to the physician's knowledge of the physical health of Mr. Robinson. Ms. Cawley stated that she agreed with the finding.

R 400.14205

Health of a licensee, direct care staff, administrator, other employees, those volunteers under the direction of the licensee, and members of the household.

(5) A licensee shall obtain written evidence, which shall be available for department review, that each direct care staff, other employees, and members of the household have been tested for communicable tuberculosis and that if the disease is present, appropriate precautions shall be taken as required by state law. Current testing shall be obtained before an individual's employment, assumption of duties, or occupancy in the home. The results of subsequent testing shall be verified every 3 years thereafter or more frequently if necessary.

Finding: A review of staff Jerome Robinson's personnel file indicated that Mr. Robinson has not completed a TB test.

Exit Conference: Licensee Designee Marcia Cawley stated that Mr. Robinson has been working independently at the facility although Ms. Cawley admitted she had no confirmation that Mr. Robinson completed a TB test. Ms. Cawley stated that she agreed with the finding.

R 400.14301

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

(10) At the time of the resident's admission to the home, a licensee shall require that the resident or the resident's designated representative provide a written health care appraisal that is completed within the 90-day period before the resident's admission to the home. A written health care appraisal shall be completed at least annually. If a written health care appraisal is not available at the time of an emergency

admission, a licensee shall require that the appraisal be obtained not later than 30 days after admission. A department health care appraisal form shall be used unless prior authorization for a substitute form has been granted, in writing, by the department.

Finding: A review of resident files indicated that Resident A's Health Care Appraisal was not completed annually and was last completed on 08/17/2022.

Exit Conference: Licensee Designee Marcia Cawley stated that Resident A's Health Care Appraisal was outdated. Ms. Cawley stated that she agreed with the finding.

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:

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

Finding: A review of resident files indicated that Resident B's Resident Care Agreement does not state the fee for services but rather states "SSI rate".

Exit Conference: Licensee Designee Marcia Cawley stated that she would correct Resident B's Resident Care Agreement. Ms. Cawley stated that she agreed with the finding.

R 400.14310

Resident health care.

(3) A licensee shall record the weight of a resident upon admission and monthly thereafter. Weight records shall be kept on file for 2 years.

Finding: A review of resident files indicated that Resident C was not weighed monthly during the months of 9/22, 10/22, 12/22, and 7/23.

Exit Conference: Licensee Designee Marcia Cawley stated that she does not know why facility staff did not weight Resident C monthly. Ms. Cawley stated that she agreed with the finding.

R 400.14312

Resident medications.

(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 S333.1101 et seq. of the Michigan Compiled Laws, kept with the equipment to administer it in a locked cabinet or drawer, and refrigerated if required.

Finding: Resident B's prescribed FIASP Flex injection and Resident D's prescribed Trulicity injections were observed unsecured in the facility refrigerator.

Exit Conference: Licensee Designee Marcia Cawley stated that she did not have a lock box large enough to accommodate Resident B and Resident D's medications stored in the communal refrigerator. Ms. Cawley stated that she agreed with the finding.

R 400.14401

Environmental health.

(2) Hot and cold running water that is under pressure shall be provided. A licensee shall maintain the hot water temperature for a resident's use at a range of 105 degrees Fahrenheit to 120 degrees Fahrenheit at the faucet.

Finding: The facility's water temperature was observed to be 130 degrees Fahrenheit.

Exit Conference: Licensee Designee Marcia Cawley stated that she was unaware that the facility's water temperature is required to register 120 degrees Fahrenheit or below. Ms. Cawley stated that she agreed with the finding.

R 400.14402

Food service.

(3) All perishable food shall be stored at temperatures that will protect against spoilage. All potentially hazardous food shall be

kept at safe temperatures. This means that all cold foods are to be kept cold, 40 degrees Fahrenheit or below, and that all hot foods are to be kept hot, 140 degrees Fahrenheit or above, except during periods that are necessary for preparation and service. Refrigerators and freezers shall be equipped with approved thermometers.

Finding: The communal refrigerator was observed to lack a thermometer.

Exit Conference: Licensee Designee Marcia Cawley stated that the refrigerator previously had a thermometer located inside but she could not locate said thermometer. Ms. Cawley stated that she agreed with the finding.

R 400.14511

Flame-producing equipment; enclosures.

(2) Heating plants and other flame-producing equipment located on the same level as the residents shall be enclosed in a room that is constructed of material which has a 1-hour-fire-resistance rating, and the door shall be made of 1 3/4-inch solid core wood. The door shall be hung in a fully stopped wood or steel frame and shall be equipped with an automatic self-closing device and positive-latching hardware.

Finding: The lower level of the facility was observed to contain approved resident bedrooms and communal space. The lower level was observed to lack an automatic self-closing device on the door leading to the furnace room.

Exit Conference: Licensee Designee Marcia Cawley stated that she was unaware that the door leading to the furnace room required an automatic self-closing device. Ms. Cawley stated that she agreed with the finding.

IV. RECOMMENDATION

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

Toya Zylstra

01/10/2024

Toya Zylstra
Licensing Consultant

Date