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GOVERNOR

# STATE OF MICHIGAN DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS LANSING

MARLON I. BROWN, DPA ACTING DIRECTOR

January 23, 2024

Kent Vanderloon McBride Quality Care Services, Inc. P.O. Box 387 Mt. Pleasant, MI 48804

RE: License #: AS590084032

McBride Todd's Place 107 Charlotte St. Edmore, MI 48829

#### Dear Mr. Vanderloon:

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,

Amanda Blasius, 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

**License #:** AS590084032

Licensee Name: McBride Quality Care Services, Inc.

**Licensee Address:** 3070 Jen's Way

Mt. Pleasant, MI 48858

**Licensee Telephone #:** (989) 772-1261

Licensee Designee: Kent Vanderloon

**Administrator:** Cathie Griffis

Name of Facility: McBride Todd's Place

Facility Address: 107 Charlotte St.

Edmore, MI 48829

**Facility Telephone #:** (989) 644-3627

Original Issuance Date: 12/30/1998

Capacity: 6

Program Type: PHYSICALLY HANDICAPPED

DEVELOPMENTALLY DISABLED

### **II. METHODS OF INSPECTION**

| Date | e of On-site Inspection(s):   | 01/22/20              | )24                   |
|------|---|-----------------------|-----------------------|
| Date | e of Bureau of Fire Services Inspection if app  | licable:              | NA                    |
| Date | e of Environmental/Health Inspection if applic  | able:                 | NA                    |
| No.  | of staff interviewed and/or observed of residents interviewed and/or observed of others interviewed 1 Role: Adminis   | trator                | 2<br>4                |
| •    | Medication pass / simulated pass observed?  | Yes ⊠                 | No ☐ If no, explain.  |
| •    | Medication(s) and medication record(s) reviewed? Yes $igtimes$ No $igcup$ If no, explain.   |                       |                       |
| •    | Resident funds and associated documents reviewed for at least one resident? Yes $\boxtimes$ No $\square$ If no, explain.  Meal preparation / service observed? Yes $\boxtimes$ No $\square$ If no, explain. |                       |                       |
| •    | Fire drills reviewed? Yes ⊠ No □ If no, explain.  |                       |                       |
| •    | Fire safety equipment and practices observe   | d? Yes [              | ⊠ No  lf no, explain. |
| •    | E-scores reviewed? (Special Certification Only) Yes No N/A In If no, explain.  Water temperatures checked? Yes No If no, explain.   |                       |                       |
| •    | Incident report follow-up? Yes ⊠ No ☐ If  | no, expla             | in.                   |
| •    | Corrective action plan compliance verified? 06/09/2023: AS312(6) & 04/19/2023: AS312 Number of excluded employees followed-up   | $2(2) \overline{N/A}$ |                       |
| •    | 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 400.14204 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 inspection, I reviewed training records for three DCW's. The training documents for CPR and first aid were documented from CPRcertification.com. No verification of in person CPR training was found to be current in the three DCW's files. DCW Miranda Irwin renewed her CPR online through CPRcertification.com on 12/14/2023. DCW Katelyn Parsons renewed her CPR online through CPRcertification.com on 08/10/2023. DCW Arianna Reynold, who is the most recent hired employee, completed CPR online through CPRcertificaiton.com on 11/16/2022. At the time of inspection, it was reported that they moved CPR to an online version due to COVID-19 and a current in person class is not being offered at this time. Due to the developmentally disabled population being served at McBride Todd's Place and the resident's risk of choking, in person verification that CPR is being performed correctly is required now that COVID-19 restrictions are no longer in place.

## IV. RECOMMENDATION

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

1/23/2024

Amanda Blasius

**Licensing Consultant** 

Date

Approved:

Down Timm

Dawn Timm Area Manager 01/31/2024

Date