



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
ACTING DIRECTOR

January 10, 2024

Joseph Frazier
Welcome Home, Inc.
P. O. Box 40
Grand Ledge, MI 48837

RE: License #:	AH230360690 Fairview Grand 11656 Hartel Road Grand Ledge, MI 48837
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Dear Mr. Frazier:

Attached is the Licensing Study Report for the above referenced facility. The study has 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 home for the aged authorized representative and a date.

Upon receipt of an acceptable corrective action plan, a regular license will be issued. If you fail to submit an acceptable corrective action plan, disciplinary action will result. 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 feel free to contact the local office at (517) 284-9730.

Sincerely,

Kimberly Horst
Kimberly Horst, Licensing Staff
Bureau of Community and Health Systems
611 W. Ottawa Street
Lansing, MI 48909

enclosure

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

I. IDENTIFYING INFORMATION

License #:	AH230360690
Licensee Name:	Welcome Home, Inc.
Licensee Address:	11656 S. Hartel Road Grand Ledge, MI 48837
Licensee Telephone #:	(517) 290-3107
Authorized Representative:	Joseph Frazier
Administrator:	Barbara Frazier
Name of Facility:	Fairview Grand
Facility Address:	11656 Hartel Road Grand Ledge, MI 48837
Facility Telephone #:	(517) 622-1009
Original Issuance Date:	11/01/2016
Capacity:	35
Program Type:	AGED

II. METHODS OF INSPECTION

Date of On-site Inspection(s): 01/10/2024

Date of Bureau of Fire Services Inspection if applicable: 11/06/2023

Inspection Type: Interview and Observation Worksheet
 Combination

Date of Exit Conference: 01/11/2024

No. of staff interviewed and/or observed 5
No. of residents interviewed and/or observed 20
No. of others interviewed 0 Role N/A

- Medication pass / simulated pass observed? Yes No If no, explain.
- Medication(s) and medication records(s) reviewed? Yes No If no, explain.
- Resident funds and associated documents reviewed for at least one resident? Yes No If no, explain. Resident funds not kept in trust
- Meal preparation / service observed? Yes No If no, explain.
- Fire drills reviewed? Yes No If no, explain.
Disaster plans reviewed and staff interviewed.
- Water temperatures checked? Yes No If no, explain.
- Incident report follow-up? Yes IR date/s: N/A
- Corrective action plan compliance verified? Yes CAP date/s and rule/s: SIR2021A10045 R 325.1922(16)
- Number of excluded employees followed up? 3 N/A

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

R 325.1921	Governing bodies, administrators, and supervisors.
	<p>(1) The owner, operator, and governing body of a home shall do all of the following:</p> <p>(b) Assure that the home maintains an organized program to provide room and board, protection, supervision, assistance, and supervised personal care for its residents.</p>
For Reference: R 325.1901	Definitions.
	<p>(p) "Protection" means the continual responsibility of the home to take reasonable action to ensure the health, safety, and well-being of a resident as indicated in the resident's service plan, including protection from physical harm, humiliation, intimidation, and social, moral, financial, and personal exploitation while on the premises, while under the supervision of the home or an agent or employee of the home, or when the resident's service plan states that the resident needs continuous supervision.</p>
<p>Upon my inspection, Resident B had bedside assistive devices attached to her bed. I reviewed Resident B records and found no physician orders for the bedside assistive devices. The service plan for Resident B lacked information about the devices related to purpose of use, staff responsibility to ensure devices were safe, and ongoing maintenance schedules. For instance, instruction regarding whether the resident could summon staff independently for help or require monitoring on a predetermined frequency was not defined. In addition, it lacked what staff were responsible for, and what methods were to be used in determining if the device posed a risk.</p>	
R 325.1922	Admission and retention of residents.
	<p>(5) A home shall update each resident's service plan at least annually or if there is a significant change in the resident's care needs. Changes shall be communicated to the resident and his or her authorized representative, if any.</p>
<p>Interviews conducted revealed Resident B is active with hospice. Review of Resident B's service plan omitted all information on the role of hospice in the care of Resident B. In addition, the facility could not demonstrate that the service plan had been updated annually.</p>	

R 325.1922	Admission and retention of residents.
	<p>(7) An individual admitted to residence in the home shall have evidence of initial tuberculosis screening on record in the home that was performed within 12 months before admission. Initial screening may consist of an intradermal skin test, a blood test, a chest x-ray, or other methods recommended by the public health authority. The screening type and frequency of routine tuberculosis (TB) testing shall be determined by a risk assessment as described in the 2005 MMWR “Guidelines for Preventing the Transmission of Mycobacterium tuberculosis in Health-Care Settings, 2005” (http://www.cdc.gov/mmwr/pdf/rr/rr5417.pdf), Appendices B and C, and any subsequent guidelines as published by the centers for disease control and prevention. A home, and each location or venue of care, if a home provides care at multiple locations, shall complete a risk assessment annually. Homes that are low risk do not have to conduct annual TB testing for residents.</p>
<p>Review of facility documents revealed the facility did not complete the tuberculosis annual risk assessment.</p>	
R 325.1923	Employee’s Health.
	<p>(2) A home shall provide initial tuberculosis screening at no cost for its employees. New employees shall be screened within 10 days of hire and before occupational exposure. The screening type and frequency of routine tuberculosis (TB) testing shall be determined by a risk assessment as described in the 2005 MMWR “Guidelines for Preventing the Transmission of Mycobacterium tuberculosis in Health-Care Settings, 2005” (http://www.cdc.gov/mmwr/pdf/rr/rr5417.pdf), Appendices B and C, and any subsequent guidelines as published by the centers for disease control and prevention. Each home, and each location or venue of care, if a home provides care at multiple locations, shall complete a risk assessment annually. Homes that are low risk do not need to conduct annual TB testing for employees.</p>

Review of SP1 and SP2 employee record revealed all employees did not have record of a tuberculosis test (TB) test and the results within 10 days of hire and before occupational exposure.	
R 325.1931	Employees; general provisions.
	<p>(6) The home shall establish and implement a staff training program based on the home's program statement, the residents service plans, and the needs of employees, such as any of the following:</p> <p>(a) Reporting requirements and documentation.</p> <p>(d) Resident rights and responsibilities.</p> <p>(e) Safety and fire prevention.</p> <p>(f) Containment of infectious disease and standard precautions.</p> <p>(g) Medication administration, if applicable.</p>
<p>Review of employee files revealed the following:</p> <p>SP1: No staff training on reporting requirements, resident rights and responsibilities, safety and disaster planning, and containment of infectious disease.</p> <p>SP2: No staff training on reporting requirements, resident rights and responsibilities, safety and disaster planning, containment of infectious disease, and medication administration.</p> <p>SP3: No staff training on reporting requirements, containment of infectious disease, and medication administration.</p> <p>SP4: No staff training on reporting requirements, resident rights and responsibilities, safety and disaster planning, containment of infectious disease, and medication administration.</p>	

IV. RECOMMENDATION

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

Kimberly Host

01/11/2024

Date

Licensing Consultant