|                  | STATE OF MICHIGAN                              |                 |
|------------------|--|-----------------|
| GRETCHEN WHITMER | DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS | MARLON BROWN    |
| GOVERNOR         | LANSING  | ACTING DIRECTOR |

January 23, 2024

Sara Dickendesher Glen Abbey Assisted Living, LLC Suite 200, 3196 Kraft Ave. Grand Rapids, MI 49512

> RE: License #: AH820372250 Glen Abbey Assisted Living 445 North Lotz Road Canton, MI 49512

Dear Ms. Dickendesher:

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 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,

Brender Howard, Licensing Staff Bureau of Community and Health Systems 611 W. Ottawa Street, P.O. Box 30664 Lansing, MI 48909 (313) 268-1788

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

## I. IDENTIFYING INFORMATION

| License #:                       | AH820372250                     |
|----------------------------------|---------------------------------|
|                                  |                                 |
| Licensee Name:                   | Glen Abbey Assisted Living, LLC |
|                                  |                                 |
| Licensee Address:                | Suite 200                       |
|                                  | 3196 Kraft Ave.                 |
|                                  | Grand Rapids, MI 49512          |
| <b>—</b> • • • <i>"</i>          |                                 |
| Licensee Telephone #:            | (616) 719-4332                  |
| Authorized Penrecentative:       | Sara Dickendesher               |
| Authorized Representative:       |                                 |
| Administrator/Licensee Designee: | Julie Edwards                   |
| Administraton/Licensee Designee. |                                 |
| Name of Facility:                | Glen Abbey Assisted Living      |
| <b>/</b>                         |                                 |
| Facility Address:                | 445 North Lotz Road             |
|                                  | Canton, MI 49512                |
|                                  |                                 |
| Facility Telephone #:            | (734) 981-9224                  |
|                                  |                                 |
| Original Issuance Date:          | 07/21/2017                      |
|                                  |                                 |
| Capacity:                        | 64                              |
| Brogrom Type:                    | ALZHEIMERS                      |
| Program Type:                    | AGED                            |
|                                  |                                 |
|                                  |                                 |
|                                  |                                 |

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

Date of On-site Inspection(s): 01/17/2024

Date of Bureau of Fire Services Inspection if applicable: 10/30/2023

Inspection Type: Interview and Observation Worksheet

Date of Exit Conference: 01/17/2024

No. of staff interviewed and/or observed7No. of residents interviewed and/or observed26No. of others interviewed1 Role Resident's family member

- Medication pass / simulated pass observed? Yes 🛛 No 🗌 If no, explain.
- Resident funds and associated documents reviewed for at least one resident? Yes No If no, explain. No resident's funds held.
- Meal preparation / service observed? Yes 🖂 No 🗌 If no, explain.
- Water temperatures checked? Yes  $\boxtimes$  No  $\square$  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: 6/30/2023 2023A0585072 1931(2)
- Number of excluded employees followed up? 1 N/A

## **III. DESCRIPTION OF FINDINGS & CONCLUSIONS**

| This facility was fo | ound to be in non- | compliance with th | ne following rules: |
|----------------------|--------------------|--------------------|---------------------|
| 5                    |                    |                    | 0                   |

| R325.1913 | Licenses and permits, general provisions.   |  |
|-----------|---|--|
|           | The applicant or the authorized representative shall give<br>written notice to the department within 5 business days of<br>any changes in information as submitted in the application<br>pursuant to which a license, provisional license, or<br>temporary nonrenewable permit has been issued. |  |

During the onsite, it was revealed that the administrator of record was no longer there as of December. Therefore, the facility did not comply with this rule of notifying the department within five days.

| R325.1922 | Admission and retention of residents.  |  |
|-----------|--|--|
|           | (5) A home shall update each resident's service plan at<br>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. |  |

A review of Resident A and Resident B's service plan revealed that the service plan was not updated annually.

| R325.1932 | Resident's medications.  |  |
|-----------|--|--|
|           | Prescribed medication managed by the home shall be<br>given, taken, or applied pursuant to labeling instructions,<br>orders and by the prescribing licensed health care<br>professional. |  |

A review of Resident A, Resident B, Resident C and Resident D's medication administration record (MAR) show that medication was not given as prescribed. For example: There were several days in December 2023 that shows that various medications for the residents was not given with the notes that read not here, not in cabinet, awaiting medication arrival from pharmacy or out of stock.

# **IV. RECOMMENDATION**

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

Junder J. Howard

1/23/2024

Date

Licensing Consultant

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