



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
ACTING DIRECTOR

February 26, 2024

Melissa Hinkson
Teal Lake Senior Living Community, Inc
290 W. Water Street
Negaunee, MI 49866

RE: License #: AH520364507
Teal Lake Senior Living Community, Inc
290 W. Water Street
Negaunee, MI 49866

Dear Melissa Hinkson:

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. 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,

A handwritten signature in blue ink, appearing to read "Jennifer Heim".

Jennifer Heim, Licensing Staff
Bureau of Community and Health Systems
611 W. Ottawa Street
P.O. Box 30664
Lansing, MI 48909
(313) 410-3226

Enclosure

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

I. IDENTIFYING INFORMATION

License#:	AH520364507
Licensee Name:	Teal Lake Senior Living Community, Inc
Licensee Address:	290 W. Water Street Negaunee, MI 49866
Licensee Telephone #:	(906) 586-3019
Authorized Representative:	Melissa Hinkson
Administrator:	Neil Hinkson
Name of Facility:	Teal Lake Senior Living Community, Inc
Facility Address:	290 W. Water Street Negaunee, MI 49866
Facility Telephone #:	(906) 401-0511
Original Issuance Date:	09/22/2015
Capacity:	46
Program Type:	AGED

II. METHODS OF INSPECTION

Date of On-site Inspection(s): 02/08/2024

Date of Bureau of Fire Services Inspection if applicable:

Inspection Type: Interview and Observation Worksheet
 Combination

Date of Exit Conference: 02/08/2024

No. of staff interviewed and/or observed 5

No. of residents interviewed and/or observed 7

No. of others interviewed N/A Role

- 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.
- Meal preparation / service observed? Yes No If no, explain.
- Fire drills reviewed? Yes No If no, explain.
- 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: R 325.1922 2(b) 8/7/2023
- Number of excluded employees followed up? N/A

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

<p>This facility was found to be in non-compliance with the following rules:</p>	
<p>R 325.1922</p>	<p>Admission and retention of residents.</p>
	<p>(7) An individual admitted to residence in the home shall have evidence of 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>Upon request, Neil Hinkson was unable to provide evidence of Resident C and D initial TB screening. Additionally, upon request Neil Hinkson was unable to provide a TB risk assessment pertaining to residents in the community.</p>	
<p>R 325.1923</p>	<p>Employee's health.</p>
	<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</p>

	annually. Homes that are low risk do not need to conduct annual TB testing for employees.
Review of Staff Person 1, 3, and 4 initial TB screening documentation not available. Additionally, upon request Neil Hinkson was unable to provide a TB risk assessment pertaining to staff in the community.	

IV. RECOMMENDATION

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



02/26/2024

Date

Licensing Consultant