



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
DIRECTOR

March 19, 2024

Ann Kelso
Simple Elegance, Inc.
422 Leland Place
Lansing, MI 48917

RE: License #: AS230285637
Simple Elegance II
4327 Gladys
Lansing, MI 48911

Dear Ann Kelso:

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 and specialized certification for the developmentally disabled 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,

A handwritten signature in black ink that reads "Cathy Cushman". The signature is written in a cursive, flowing style.

Cathy Cushman, Licensing Consultant
Bureau of Community and Health Systems
611 W. Ottawa Street
P.O. Box 30664
Lansing, MI 48909
(269) 615-5190

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

I. IDENTIFYING INFORMATION

License #: AS230285637

Licensee Name: Simple Elegance, Inc.

Licensee Address: 422 Leland Place
Lansing, MI 48917

Licensee Telephone #: (517) 507-1332

Licensee Designee: Ann Kelso

Administrator: Ann Kelso

Name of Facility: Simple Elegance II

Facility Address: 4327 Gladys
Lansing, MI 48911

Facility Telephone #: (517) 507-1332

Original Issuance Date: 07/05/2007

Capacity: 6

Program Type: PHYSICALLY HANDICAPPED
DEVELOPMENTALLY DISABLED
AGED

II. METHODS OF INSPECTION

Date of On-site Inspection: 03/18/2024

Date of Bureau of Fire Services Inspection if applicable: N/A

Date of Environmental/Health Inspection if applicable: N/A

No. of staff interviewed and/or observed 1

No. of residents interviewed and/or observed 4

No. of others interviewed 1 Role: Administration

- Medication pass / simulated pass observed? Yes No If no, explain.
- 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.
- 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 found to be in non-compliance with the following rules:

MCL 400.734b **Employing or contracting with certain individuals providing direct services to residents; prohibitions; criminal history check; exemptions; written consent and identification; conditional employment; use of criminal history record information; disclosure; determination of existence of national criminal history; failure to conduct criminal history check; automated fingerprint identification system database; electronic web-based system; costs; definitions.**

(2) Except as otherwise provided in this subsection or subsection (6), an adult foster care facility shall not employ or independently contract with an individual who has direct access to residents until the adult foster care facility or staffing agency has conducted a criminal history check in compliance with this section or has received criminal history record information in compliance with subsections (3) and (11). This subsection and subsection (1) do not apply to an individual who is employed by or under contract to an adult foster care facility before April 1, 2006. On or before April 1, 2011, an individual who is exempt under this subsection and who has not been the subject of a criminal history check conducted in compliance with this section shall provide the department of state police a set of fingerprints and the department of state police shall input those fingerprints into the automated fingerprint identification system database established under subsection (14). An individual who is exempt under this subsection is not limited to working within the adult foster care facility with which he or she is employed by or under independent contract with on April 1, 2006 but may transfer to another adult foster care facility, mental health facility, or covered health facility. If an individual who is exempt under this subsection is subsequently convicted of a crime or offense described under subsection (1)(a) to (g) or found to be the subject of a substantiated finding described under subsection (1)(i) or an order or disposition described under subsection (1)(h), or is found to have been convicted of a relevant crime described under 42 USC 1320a-7(a), he or she is no longer exempt and shall be terminated from employment or denied employment.

FINDING: Direct care staff, Nattrell Bowers, did not have a Workforce Background Check (WBC) clearance in her employee file deeming her eligible to work in the facility.

R 330.1803 **Facility environment; fire safety.**

(1) A facility that has a capacity of 4 to 6 clients shall be equipped with an interconnected multi station smoke detection system which is powered by the household electrical service and which, when activated, initiates an alarm that is audible in all areas of the home. The smoke detection system shall be installed on all levels, including basements, common activity areas, and outside each sleeping area, but excluding crawl spaces and unfinished attics, so as to provide full coverage of the home. The system shall include a battery backup to assure that the system is operable if there is an electrical power failure and accommodate the sensory impairments of clients living in the facility, if needed. A fire safety system shall be installed in accordance with the manufacturer's instructions by a licensed electrical contractor and inspected annually. A record of the inspections shall be maintained at the facility.

FINDING: Documentation was not available during the inspection confirming the facility's smoke detectors were tested annually, as required.

Additionally, when the smoke detectors were activated during the inspection, they were not audible in all areas of the home, as required. When an inspection is obtained, please have the inspection document the smoke detectors are interconnected and functioning, as required.

R 400.14207 **Required personnel policies.**

(2) The written policies and procedures identified in subrule (1) of this rule shall be given to employees and volunteers at the time of appointment. A verification of receipt of the policies and procedures shall be maintained in the personnel records.

FINDING: During a review of the licensee's two direct care staff files, there was no verification they received the licensee's policies and procedures, as required.

R 400.14208 Direct care staff and employee records.

(3) A licensee shall maintain a daily schedule of advance work assignments, which shall be kept for 90 days. The schedule shall include all of the following information:

(a) Names of all staff on duty and those volunteers who are under the direction of the licensee.

(b) Job titles.

(c) Hours or shifts worked.

(d) Date of schedule.

(e) Any scheduling changes.

FINDING: A staff schedule identifying the names of staff on duty, their job title, hours or shifts worked, date of schedule and any scheduling changes was not available for review during the inspection, as required.

R 400.14210 Resident register.

A licensee shall maintain a chronological register of residents who are admitted to the home. The register shall include all of the following information for each resident:

(a) Date of admission.

(b) Date of discharge.

(c) Place and address to which the resident moved, if known.

FINDING: A chronological resident register that included date of admission, date of discharge and place/address to which resident moved was not available during the inspection, as required.

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: Resident *Health Care Appraisals* (HCA) were not completed annually, as required.

- The most current HCA available for Resident A was dated 10/21/2021.
- The most current HCA available for Resident B wasn't signed or dated by Resident B's physician.
- The most current HCA available for Resident D was dated 11/16/2022.

R 400.14301 Resident admission criteria; resident assessment plan; emergency admission; resident care agreement; physician's instructions; health care appraisal.

(4) At the time of admission, and at least annually, a written assessment plan shall be completed with the resident or the resident's designated representative, the responsible agency, if applicable, and the licensee. A licensee shall maintain a copy of the resident's written assessment plan on file in the home.

FINDING: Resident *Assessment Plans for AFC Residents* (assessment plan) were either not completed annually, as required, or they were not signed and dated by the resident, or the resident's designated representative or the licensee designee, as required.

- Resident A's assessment plan was dated 01/20/2022.
- Resident B's assessment plan was not signed by the licensee designee.
- Resident C did not have an assessment plan available for review in her resident file.

Signatures of the licensee, resident and/or resident's representative and responsible agency, demonstrate all required persons have participated in the development of the written assessment plan. If the responsible agency refuses to sign the resident's written assessment plan, this should be noted on the assessment plan.

REPEAT VIOLATIONS ESTABLISHED

- **SEE RENEWAL LICENSING STUDY REPORT, DATED 03/29/2022, CAP DATED 04/06/2022**
- **SEE SIR # 2022A0466035, DATED 05/27/2022, CAP DATED 06/01/2022**

R 400.14301 **Resident admission criteria; resident assessment plan; emergency admission; resident care agreement; physician's instructions; health care appraisal.**

(9) A licensee shall review the written resident care agreement with the resident or the resident's designated representative and responsible agency, if applicable, at least annually or more often if necessary.

FINDING: *Resident Care Agreements* (RCA) were not being signed or dated by the appropriate parties, as required.

- Resident A's guardian did not sign his RCA, which was last completed by the licensee designee on 01/10/2024.
- Resident B's guardian did not sign her RCA, which was last completed by the licensee designee on 01/03/2024.

R 400.14306 **Use of assistive devices.**

(3) Therapeutic supports shall be authorized, in writing, by a licensed physician. The authorization shall state the reason for the therapeutic support and the term of the authorization.

FINDING: All the facility's residents utilized assistive devices such as walkers, canes, wheelchairs, and half bed rails; however, the licensee designee was unable to provide orders for these assistive devices which stated the reasons for the devices and the terms of their authorizations, as required.

R 400.14312 Resident medications.

(2) Medication shall be given, taken, or applied pursuant to label instructions.

FINDING: Resident B's March 2024 *Medication Administration Record* (MAR) documented she receives the medication, Gemtesa 75 MG PO TAB with the instruction of "Take 1 tablet by mouth daily"; however, this medication was not available to be given as instructed because it was not present in the facility during the inspection.

R 400.14313 Resident nutrition.

(3) Special diets shall be prescribed only by a physician. A resident who has been prescribed a special diet shall be provided such a diet.

FINDING: The licensee designee stated Resident B and Resident D have their food cut up in bite sized pieces to prevent choking; however, a physician's order for these special diets were not available for review during the inspection.

Only a physician, not a physician's assistant or RN, etc., can prescribe a special diet. Special diets include, but are not limited to, weight reduction plans, diabetic diet plans, low sodium, low fat, or modification of food consistency, gastric tube feeding. Any food that is chopped, pureed, or whose consistency has been modified, including gastric tube feeding, is to be considered a special diet and is to coincide with a resident's prescribed special diet. (www.usda.gov)

The home must have specific written instructions for the prescribed diet. Staff responsible for food preparation must be familiar with the prescribed diet. Equipment and information needed to follow the diet must be available to staff in the home. Food on hand must be consistent with the special diet.

R 400.14315 Handling of resident funds and valuables.

(12) Charges against the resident's account shall not exceed the agreed price for the services rendered and goods furnished or made available by the home to the resident.

FINDING: Upon review of Resident D's *Resident Care Agreement*, I established the Resident D was being charged \$1,056.50 for Adult Foster Care services and room and board; however, upon review of Resident D's *Resident Funds II* form, the licensee designee was accepting \$1,085 for Adult Foster Care services and room and board.

R 400.14401 Environmental health.

(3) All sewage shall be disposed of in a public sewer system or, in the absence thereof, in a manner that is approved by the health authority.

FINDING: The toilet in the bathroom across the hall from Resident A's bedroom was not flushing properly.

R 400.14507 Means of egress generally.

(5) A door that forms a part of a required means of egress shall be not less than 30 inches wide and shall be equipped with positive-latching, non-locking-against-egress hardware.

FINDING: The storm door on the front door of the facility was locking against egress. Additionally, the screen door on the porch located on the side of the facility, which was a second means of required egress, was locking against egress.

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 facility's fire door was not self-closing when opened all the way, as required.

The self-closer can be pneumatic, spring hinge closer, spring-loaded hinge, weighted closer, or other closing devices that will accomplish the purpose of closing and latching the door *when it is released from any position*. A coiled screen door spring is not an acceptable closer.

IV. RECOMMENDATION

Contingent upon receipt of an acceptable corrective action plan, renewal of the license and specialized certification are recommended.

Cathy Cushman

03/19/2024

Cathy Cushman
Licensing Consultant

Date