

GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS LANSING

MARLON I. BROWN, DPA DIRECTOR

May 13, 2024

Connie Clauson Union Court Assisted Living 302 Fulton St. St. Charles, MI 48655

| RE: License #: | AH730301115 |
|----------------|-----------------------------|
| | Union Court Assisted Living |
| | 302 Fulton St. |
| | St. Charles, MI 48655 |

Dear Connie Clauson:

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,

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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 #: | AH730301115 | | |
|----------------------------|--------------------------------|--|--|
| | | | |
| Licensee Name: | DCS Management LLC | | |
| | | | |
| Licensee Address: | 302 Fulton St. | | |
| | St. Charles, MI 48655 | | |
| | (000) 000 | | |
| Licensee Telephone #: | (989) 865-8100 | | |
| A that all Days and the | | | |
| Authorized Representative: | Connie Clauson | | |
| Administrator | Vriating Citing | | |
| Administrator: | Kristine Fiting | | |
| Name of Facility: | Union Court Assisted Living | | |
| Name of Facility. | Official Court Assisted Living | | |
| Facility Address: | 302 Fulton St. | | |
| Tuomity / tuurooo. | St. Charles, MI 48655 | | |
| | | | |
| Facility Telephone #: | (989) 865-8100 | | |
| | | | |
| Original Issuance Date: | 11/19/2009 | | |
| | | | |
| Capacity: | 86 | | |
| | | | |
| Program Type: | AGED | | |
| | ALZHEIMERS | | |
| | | | |
| | | | |

II. METHODS OF INSPECTION

| Date of On-site Inspection(| s): 05/09/2024 | | | |
|--|---|----------------------|--|--|
| Date of Bureau of Fire Serv | rices Inspection if applicable: | 12/20/2023 | | |
| Inspection Type: | ☐Interview and Observation ☐Combination | ⊠Worksheet | | |
| Date of Exit Conference: 05/13/2024 | | | | |
| No. of staff interviewed and No. of residents interviewed No. of others interviewed | d and/or observed | 7 15 | | |
| Medication pass / simulations | ılated 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. Diaster plans reviewed and staff interviewed. Water temperatures checked? Yes ☒ No ☐ If no, explain. | | | | |
| 2023A1021014: R 325 • 2023A1019004: R 325 • 2022A0585019: R 325 | compliance verified? Yes () .1921 (1) 12/9/2022 .1921(1)(c) 01/10/2023 | _ | | |

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

| R 325.1921 | Governing bodies, administrators, and supervisors. | | |
|--|--|--|--|
| | (1) The owner, operator, and governing body of a home shall do all of the following: (b) Assure that the home maintains an organized program to provide room and board, protection, supervision, assistance, and supervised personal care for its residents. | | |
| For Reference: R 325.1901 | Definitions. | | |
| | (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. | | |
| reviewed Resident assistive devices. I devices related to pand ongoing maintained resident could sumpredetermined frequency. | n, Resident C had bedside assistive devices attached to his bed. I C records and found no physician orders for the bedside The service plan for Resident C lacked information about the purpose of use, staff responsibility to ensure devices were safe, enance schedules. For instance, instruction regarding whether the amon staff independently for help or require monitoring on a quency was not defined. In addition, it lacked what staff were d what methods were to be used in determining if the device | | |
| | | | |
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Review of Resident B's s medication administration record (MAR) revealed Resident B was prescribed Haloperidol Con 2mg/ml with instruction to give 0.5ml every six hours agitation, as needed. Review of Resident B's service plan lacked detailed information on how the resident demonstrates anxiety and what behaviors require the administration of the medication or if staff can use nonpharmaceutical interventions. Similar findings were noted with Resident A and C.

| R 325.1922 | Admission and retention of residents. |
|------------|--|
| | (1) A home shall have a written resident admission contract, program statement, admission and discharge policy, and a resident's service plan for each resident. |

Review of Resident A, Resident B, Resident C, and Resident D's admission contract revealed the contract was between Baruch SLS, Inc (d/b/a Baruch Senior Ministries) Union Court Assisted Living of St. Charles. This admission contract is not valid as the licensee is listed as DCS Management LLC.

| R 325.1979 | General maintenance and storage. |
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| | (3) Hazardous and toxic materials shall be stored in a safe manner. |

Oxygen tanks were stored in resident's rooms. The oxygen tanks were not safety secured and posed a risk of harm to those nearby.

IV. RECOMMENDATION

| Contingent upon | receipt of an | acceptable | corrective | action plan | , renewal c | of the licens | е |
|-----------------|---------------|------------|------------|-------------|-------------|---------------|---|
| is recommended. | | | | | | | |

| Kinvey/Hood | 05/13/2024 |
|----------------------|------------|
| Licensing Consultant | Date |