

GRETCHEN WHITMER
GOVERNOR

# STATE OF MICHIGAN DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS LANSING

MARLON I. BROWN, DPA DIRECTOR

May 30, 2024

Sara Dickendesher Crestwood Village Assisted Living & Memory Care 2378 S. Lincoln Road Mt. Pleasant, MI 48858

RE: License #:	AH370406206
	Crestwood Village Assisted Living & Memory Care
	2378 S. Lincoln Road
	Mt. Pleasant, MI 48858

#### Dear Sara 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 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,

Kinveryttood

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 #:	AH370406206	
Licensee Name:	Senior Living Crestwood, LLC	
Licensee Address:	7927 Nemco Way, Ste 200	
	Brighton, MI 48116	
Licence Telephone #:	(000) 772 2402	
Licensee Telephone #:	(989) 772-2183	
Authorized Representative:	Sara Dickendesher	
•		
Administrator:	Autumn Layfield	
Name of Facility:	Crestwood Village Assisted Living & Memory Care	
	Care	
Facility Address:	2378 S. Lincoln Road	
1 a a m a g a a a a a a a a a a a a a a a	Mt. Pleasant, MI 48858	
Facility Telephone #:	(989) 772-2183	
Original Issuance Date:	06/02/2021	
Capacity:	57	
Program Type:	AGED	
	ALZHEIMERS	

## **II. METHODS OF INSPECTION**

Date of On-site Inspection	(s): 05/29/2024			
Date of Bureau of Fire Ser	11/09/2023			
Inspection Type:	☐Interview and Observation ☐Combination	⊠Worksheet		
Date of Exit Conference: 05/30/2024				
No. of staff interviewed an No. of residents interviewed No. of others interviewed		10 25		
Medication pass / sim	ulated pass observed? Yes ⊠	No ☐ If no, explain.		
<ul> <li>Medication(s) and medication records(s) reviewed? Yes ⋈ No ☐ If no, explain.</li> <li>Resident funds and associated documents reviewed for at least one resident? Yes ☐ No ⋈ If no, explain. Resident funds not kept in trust.</li> <li>Meal preparation / service observed? Yes ⋈ No ☐ If no, explain.</li> </ul>				
<ul> <li>Fire drills reviewed? Yes ☐ No ☒ If no, explain. Diaster plans reviewed and staff interviewed.</li> <li>Water temperatures checked? Yes ☒ No ☐ If no, explain.</li> </ul>				
<ul> <li>Incident report follow-up? Yes ☐ IR date/s: N/A ☐</li> <li>Corrective action plan compliance verified? Yes ☐ CAP date/s and rule/s: 2022A1021025: R 325.1921(1) dated 03/11/2022</li> <li>Number of excluded employees followed up? 3 N/A ☐</li> </ul>				

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

R 325.1921	found to be in non-compliance with the following rules:  Governing bodies, administrators, and supervisors.
	<ul><li>(1) The owner, operator, and governing body of a home shall do all of the following:</li><li>(b) Assure that the home maintains an organized program to provide room and board, protection, supervision,</li></ul>
	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.
was prescribed Ha every four hours a service plan lacked and what behavior	nt A's medication administration record (MAR) revealed Resident A aloperidol Con 2mg/ml with instruction to give one tablet by mouth a needed for agitation/nausea/vomiting. Review of Resident A's d detailed information on how the resident demonstrates agitation as require the administration of the medication or if staff can use all interventions. Similar findings were noted with Resident B.
R 325.1931	Employees; general provisions.
	(2) A home shall treat a resident with dignity and his or her personal needs, including protection and safety, shall be attended to consistent with the resident's service plan.
care needs. For in	nt A's service plan revealed lack of detail regarding his specific stance, his plan identified he required assistance with transfers. known if he needs a staff member to assist him and what level of needed

R 325.1932	Resident medications.
	(1) A service plan must identify prescribed medication to be self-administered or managed by the home.
Review of Resid medication adm	lent B's MAR revealed lack of detail on who is responsible for inistration.
R 325.1932	Resident medications.
	(2) Prescribed medication managed by the home shall be given, taken, or applied pursuant to labeling instructions, orders and by the prescribing licensed health care professional.

Review of Resident B's MAR revealed Resident B was prescribed Hydroco/Apap Tab 5-325mg tab with instruction to administer one tablet every eight hours as needed for pain. In addition, Resident B was prescribed Morphine Sul with instruction to administer 0.25ml by mouth every four hours as needed for pain. There is no instruction for staff to know whether to administer one over the other or if both can be given at the same time. The lack of instruction places residents at an unnecessary risk of harm due to administration based on what the staff feel is appropriate verses what the physician intended.

#### IV. RECOMMENDATION

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

Kinveryttoot	05/30/2024
Licensing Consultant	Date