



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

MARLON I. BROWN, DPA  
DIRECTOR

June 5, 2024

Robin McClintock  
The Mendelson Home  
2450 Watkins Lake Rd.  
Waterford, MI 48328

RE: License #: AH630236917  
The Mendelson Home  
2450 Watkins Lake Rd.  
Waterford, MI 48328

Dear Robin McClintock:

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.

Please review the enclosed documentation for accuracy and contact me with any questions. If 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 cursive script, appearing to read "Aaron Clum".

Aaron Clum, Licensing Staff  
Bureau of Community and Health Systems  
611 W. Ottawa Street  
P.O. Box 30664  
Lansing, MI 48909  
(517) 230-2778

enclosure

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

**I. IDENTIFYING INFORMATION**

<b>License #:</b>	AH630236917
<b>Licensee Name:</b>	Lourdes Assisted Living Corporation
<b>Licensee Address:</b>	2450 Watkins Lake Rd. Waterford, MI 48328
<b>Licensee Telephone #:</b>	(248) 674-2241
<b>Administrator/Authorized Representative:</b>	Robin McClintock
<b>Name of Facility:</b>	The Mendelson Home
<b>Facility Address:</b>	2450 Watkins Lake Rd. Waterford, MI 48328
<b>Facility Telephone #:</b>	(248) 618-6362
<b>Original Issuance Date:</b>	03/14/2001
<b>Capacity:</b>	80
<b>Program Type:</b>	AGED

## II. METHODS OF INSPECTION

Date of On-site Inspection(s): 6/05/2024

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

Inspection Type: ☐ Interview and Observation ☒ Worksheet  
☐ Combination

Date of Exit Conference: 6/05/2024

No. of staff interviewed and/or observed 8  
No. of residents interviewed and/or observed 30  
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. Facility does not maintain resident funds
- 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: N/A
- Number of excluded employees followed up? 5 N/A ☐

### III. DESCRIPTION OF FINDINGS & CONCLUSIONS

<b>This facility was found to be in non-compliance with the following rules:</b>	
<b>R 325.1923</b>	<b>Employee's health.</b>
	(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? ( <a href="http://www.cdc.gov/mmwr/pdf/rr/rr5417.pdf">http://www.cdc.gov/mmwr/pdf/rr/rr5417.pdf</a> ), 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 annually. Homes that are low risk do not need to conduct annual TB testing for employees.
Upon review of employee files, it was revealed that associates 1, 2, 3 and 4 did not have a completed T.B. test prior to occupational exposure.	
<b>R 325.1944</b>	<b>Employee records and work schedules.</b>
	(1) A home shall maintain a record for each employee which shall include all of the following: (d) Summary of experience, education, and training.
Upon request, the facility was unable to provide documented summary of training for associates 1 and 2.	

### IV. RECOMMENDATION

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



Licensing Consultant

Date