



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
DIRECTOR

June 7, 2024

Todd Dockerty
The Reflections
14316 S. Helmer Rd.
Battle Creek, MI 49015

RE: License #:	AH130403566 The Reflections 14316 S. Helmer Rd. Battle Creek, MI 49015
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Dear Todd Dockerty:

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,

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 #:	AH130403566
Licensee Name:	Battle Creek Assisted Living Operator, LLC
Licensee Address:	111 W. Ferry St. #1 Berrien Springs, MI 49103
Licensee Telephone #:	(574) 261-1124
Authorized Representative:	Todd Dockerty
Administrator:	Jonathon Zima
Name of Facility:	The Reflections
Facility Address:	14316 S. Helmer Rd. Battle Creek, MI 49015
Facility Telephone #:	(269) 969-2500
Original Issuance Date:	12/09/2020
Capacity:	45
Program Type:	ALZHEIMERS

II. METHODS OF INSPECTION

Date of On-site Inspection(s): 06/07/2024

Date of Bureau of Fire Services Inspection if applicable: 05/06/2024

Inspection Type: Interview and Observation Worksheet
 Combination

Date of Exit Conference: 05/07/2024

No. of staff interviewed and/or observed 5
No. of residents interviewed and/or observed 15
No. of others interviewed 0 Role N/A

- 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. 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.
- Incident report follow-up? Yes IR date/s: N/A
- Corrective action plan compliance verified? Yes CAP date/s and rule/s:
2022A1028011: CAP dated 02/02/22 R 325.1931(2), 1922(5);
2022A1028012: CAP dated 02/03/22 R 325.1921(1), R 325.1922(5)
2023A1010015: CAP dated 01/20/23 R 325.1922(16), R 325.1932(1), R 325.1931(2)
- Number of excluded employees followed up? 6 N/A

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

This facility was found to be in non-compliance with the following rules:	
R 325.1921	Governing bodies, administrators, and supervisors.
	<p>(1) The owner, operator, and governing body of a home shall do all of the following:</p> <p>(b) Assure that the home maintains an organized program to provide room and board, protection, supervision, assistance, and supervised personal care for its residents.</p>
For Reference: R 325.1901	Definitions.
	<p>(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.</p>
<p>Review of Resident A's medication administration record (MAR) revealed Resident A was prescribed Lorazepam 0.5mg tablet with instruction to give one tablet by mouth every six hours as needed for anxiety. Review of Resident A's service plan lacked detailed information on how the resident demonstrates agitation and what behaviors require the administration of the medication or if staff can use nonpharmaceutical interventions.</p>	
R 325.1922	Admission and retention of residents.
	<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</p>

	<p>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>Review of facility documents revealed the facility did not complete the tuberculosis annual risk assessment.</p>	
R 325.1931	Employees; general provisions.
	(7) The home's administrator or its designees are responsible for evaluating employee competencies.
<p>Review of staff person 1 (SP1) and (SP2)'s employee files revealed the <i>Resident Care Associate Checklist</i> was not completed to ensure employee competencies. In addition, review of SP3 employee file revealed the <i>Medication Technician Performance Checklist</i> was not completed.</p>	
R 325.1976	Kitchen and dietary.
	(6) Food and drink used in the home shall be clean and wholesome and shall be manufactured, handled, stored, prepared, transported, and served so as to be safe for human consumption.
<p>Inspection of the facility kitchen revealed that the walk-in refrigerator contained items that were not dated.</p>	
R 325.1979	General maintenance and storage.
	(3) Hazardous and toxic materials shall be stored in a safe manner.
<p>Inspection of the facility dining room revealed cleaning products were not stored in a secure area. Having unlocked and easily accessible hazardous materials pose a risk of serious harm to residents with cognitive impairment.</p>	

IV. RECOMMENDATION

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

Kimberly Host

06/07/2024

Licensing Consultant

Date