



STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

GRETCHEN WHITMER
GOVERNOR

MARLON I. BROWN, DPA
DIRECTOR

June 5, 2024

Carol Wirgau
Memorial Assisted Living, LLC
826 W King Street
Owosso, MI 48867

| | |
|----------------|--|
| RE: License #: | AH780364157 The Meadows 245 N. Caledonia Drive Owosso, MI 48867 |
|----------------|--|

Dear Carol Wirgau:

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 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 #: | AH780364157 |
| Licensee Name: | Memorial Assisted Living, LLC |
| Licensee Address: | 826 W King Street Owosso, MI 48867 |
| Licensee Telephone #: | (989) 720-8823 |
| Authorized Representative/ Administrator | Carol Wirgau |
| Name of Facility: | The Meadows |
| Facility Address: | 245 N. Caledonia Drive Owosso, MI 48867 |
| Facility Telephone #: | (989) 720-8823 |
| Original Issuance Date: | 05/13/2015 |
| Capacity: | 61 |
| Program Type: | AGED ALZHEIMERS |
| | |
| | |

II. METHODS OF INSPECTION

Date of On-site Inspection(s): 05/23/2024

Date of Bureau of Fire Services Inspection if applicable: 04/08/2024

Inspection Type: Interview and Observation Worksheet
 Combination

Date of Exit Conference: 06/05/2024

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.
- 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:
- Number of excluded employees followed up? N/A

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

| | |
|---|---|
| This facility was found to be in non-compliance with the following rules: | |
| MCL 333.20173a | 333.20173a Covered facility; employees or applicants for employment; prohibitions; criminal history check; procedure; conditional employment or clinical privileges; knowingly providing false information as misdemeanor; prohibited use or dissemination of criminal history information as misdemeanor; review by licensing or regulatory department; conditions of continued employment; failure to conduct criminal history checks as misdemeanor; storage and retention of fingerprints; notification; electronic web-based system; definitions. |
| | (1) Except as otherwise provided in subsection (2), a covered facility shall not employ, independently contract with, or grant clinical privileges to an individual who regularly has direct access to or provides direct services to patients or residents in the covered facility if the individual satisfies 1 or more of the following: (a) Has been convicted of a relevant crime described under 42 USC 1320a-7(a). |
| Review of employees' files revealed the licensee is conducting background checks under their skilled nursing facility license not the home for the aged license. I confirmed with the State of Michigan Workforce Background Check Section and the licensee has not completed any background checks since 2019. | |
| 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 |

| | |
|---|---|
| | <p>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>Upon my inspection, Resident A had bedside assistive devices attached to their bed. I reviewed Resident A records and found no physician orders for the bedside assistive devices. The service plan for Resident A lacked information about the devices related to purpose of use, staff responsibility to ensure devices were safe, and ongoing maintenance schedules. For instance, instruction regarding whether the resident could summon staff independently for help or require monitoring on a predetermined frequency was not defined. In addition, it lacked what staff were responsible for, and what methods were to be used in determining if the device posed a risk.</p> | |

IV. RECOMMENDATION

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

Kimberly Host

06/05/2024

Licensing Consultant Date