



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
DIRECTOR

August 29, 2024

Violet Bettig
Guardian Angel Homes LLC
725 N. Dettman Rd.
Jackson, MI 49201

RE: License #: AS380389381
Saint Gabriel
1038 Woodbridge
Jackson, MI 49202

Dear Violet Bettig:

Attached is the Renewal Licensing Study Report for the facility referenced above. You have submitted an acceptable written corrective action plan addressing the violations cited in the report. To verify your implementation and compliance with this corrective action plan: You are to submit documentation of compliance by September 27, 2024.

The study has determined substantial compliance with applicable licensing statutes and administrative rules. Therefore, your license is renewed. It is valid only at your present address and is nontransferable.

Please contact me with any questions. In the event that I am not available and you need to speak to someone immediately, you may contact the local office at (517) 284-9730.

Sincerely,

Mahtina Rubritius

Mahtina Rubritius, Licensing Consultant
Bureau of Community and Health Systems
611 W. Ottawa
P.O. Box 30664
Lansing, MI 48909
(517) 262-8604

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

I. IDENTIFYING INFORMATION

License#: AS380389381

Licensee Name: Guardian Angel Homes LLC

Licensee Address: 725 N. Dettman Rd.
Jackson, MI 49201

Licensee Telephone #: (269) 363-1670

Licensee/Licensee Designee: Violet Bettig

Administrator:

Name of Facility: Saint Gabriel

Facility Address: 1038 Woodbridge
Jackson, MI 49202

Facility Telephone #: (517) 914-0584

Original Issuance Date: 02/23/2018

Capacity: 6

Program Type: PHYSICALLY HANDICAPPED
DEVELOPMENTALLY DISABLED
MENTALLY ILL
AGED
TRAUMATICALLY BRAIN INJURED

II. METHODS OF INSPECTION

Date of On-site Inspection(s): 08/27/2024

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

Date of Health Authority Inspection if applicable: N/A

No. of staff interviewed and/or observed 4

No. of residents interviewed and/or observed 4

No. of others interviewed 0 Role: [REDACTED]

- Medication pass / simulated pass observed? Yes No If no, explain.
- Medication(s) and medication record(s) reviewed? Yes No If no, explain.
- Resident funds and associated documents reviewed for at least one resident? Yes No If no, explain.
- Meal preparation / service observed? Yes No If no, explain.
The on-site inspection was not concurrent with the mealtimes.
- Fire drills reviewed? Yes No If no, explain.
- Fire safety equipment and practices observed? Yes No If no, explain.
- E-scores reviewed? (Special Certification Only) Yes No N/A
If no, explain.
- Water temperatures checked? Yes No If no, explain.
- Incident report follow-up? Yes No If no, explain.
Incident reports are no longer required to be submitted to LARA.
- Corrective action plan compliance verified? Yes CAP date/s and rule/s:
R 330.1803 (6), R 400.14203 (1), R 400.14205 (4)(5), R 400.14301 (4)(6)(10),
- R 400.14306 (3), R 400.14310 (3), R 400.14312 (4)(b), R 400.14315 (3),
- R 400.14316 (1), R 400.14318 (5), R 400.14401 (2)(4), R 400.14402 (3),
- R 400.14403 (5)(11), R 400.14410 (5), & R 400.14511 (4). N/A
- Number of excluded employees followed-up? N/A
- Variances? Yes (please explain) No N/A

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

This facility was found to be in non-compliance with the following rules:

R 400.14203 Licensee and administrator training requirements.

(1) A licensee and an administrator shall complete the following educational requirements specified in subdivision (a) or (b) of this subrule, or a combination thereof, on an annual basis:

(a) Participate in, and successfully complete, 16 hours of training designated or approved by the department that is relevant to the licensee's admission policy and program statement.

(b) Have completed 6 credit hours at an accredited college or university in an area that is relevant to the licensee's admission policy and program statement as approved by the department.

Violet Bettig reported to complete the 16 hours of required training for 2023; however, there was no documentation available for review.

THIS IS A REPEAT VIOLATION – See LSR dated: 8/29/2022

R 400.14205 Health of a licensee, direct care staff, administrator, other employees, those volunteers under the direction of the licensee, and members of the household.

(2) A licensee shall have, on file with the department, a statement that is signed by a licensed physician or his or her designee attesting to the physician's knowledge of the physical health of the licensee and administrator. The statement shall be signed within 6 months before the issuance of a temporary license and at any other time requested by the department.

Violet Bettig reported that she had a current physical; however, there was no documentation available for review.

R 400.14205 Health of a licensee, direct care staff, administrator, other employees, those volunteers under the direction of the licensee, and members of the household.

(4) A licensee shall provide the department with written evidence that he or she and the administrator have been tested for communicable tuberculosis and that if the disease is present, appropriate precautions shall be taken. The results of subsequent testing shall be verified every 3 years thereafter.

Violet Bettig reported that she had been tested for communicable tuberculosis; however, there was no documentation available for review.

THIS IS A REPEAT VIOLATION – See LSR dated: 8/29/2022

R 400.14207 Required personnel policies.

(3) A licensee shall have a written job description for each position. The job description shall define the tasks, duties, and responsibilities of the position. Each employee and volunteer who is under the direction of the licensee shall receive a copy of his or her job description. Verification of receipt of a job description shall be maintained in the individual's personnel record.

There was no documentation that Employee #1 had been provided with a copy of her job description.

R 400.14301 Resident admission criteria; resident assessment plan; emergency admission; resident care agreement; physician's instructions; health care appraisal.

(10) At the time of the resident's admission to the home, a licensee shall require that the resident or the resident's designated representative provide a written health care appraisal that is completed within the 90-day period before the resident's admission to the home. A written health care appraisal shall be completed at least annually. If a written health care appraisal is not available at the time of an emergency admission, a licensee shall require that the appraisal be obtained not later than 30 days after admission. A department health care appraisal form shall be used unless prior

authorization for a substitute form has been granted, in writing, by the department.

The *Health Care Appraisal* for Resident A was not reviewed annually, as required. It was last completed on 09/20/2022.

R 400.14301 Resident admission criteria; resident assessment plan; emergency admission; resident care agreement; physician's instructions; health care appraisal.

(4) At the time of admission, and at least annually, a written assessment plan shall be completed with the resident or the resident's designated representative, the responsible agency, if applicable, and the licensee. A licensee shall maintain a copy of the resident's written assessment plan on file in the home.

The *AFC Assessment Plan* for Resident A was not reviewed annually, as required. It was last reviewed on 08/09/2022.

The *AFC Assessment Plan* for Resident B was not reviewed annually, as required. It was last reviewed on 09/26/2022.

R 400.14301 Resident admission criteria; resident assessment plan; emergency admission; resident care agreement; physician's instructions; health care appraisal.

(9) A licensee shall review the written resident care agreement with the resident or the resident's designated representative and responsible agency, if applicable, at least annually or more often if necessary.

The *Resident Care Agreement* for Resident A was not reviewed annually, as required. It was last reviewed on 08/09/2022.

The *Resident Care Agreement* for Resident B was not reviewed annually, as required. It was last reviewed on 09/26/2022.

R 400.14403 Maintenance of premises.

(1) A home shall be constructed, arranged, and maintained to provide adequately for the health, safety, and well-being of occupants.

An extension cord was utilized to power the air conditioner on the second floor (in the hallway), causing a tripping hazard. The extension cord must be removed.

The carpet in the hallway (second floor) was stained and required replacement.

The miniblinds located near the steps were broken and required replacement.

The miniblinds located in Resident C's room were broken and required replacement.

R 400.14507 Means of egress generally.

(5) A door that forms a part of a required means of egress shall be not less than 30 inches wide and shall be equipped with positive-latching, non-locking-against-egress hardware.

The second required means of egress was equipped with locking-against-egress hardware.

R 400.14510 Heating equipment generally.

(2) A furnace, water heater, heating appliances, pipes, wood-burning stoves and furnaces, and other flame- or heat-producing equipment shall be installed in a fixed or permanent manner and in accordance with a manufacturer's instructions and shall be maintained in a safe condition.

The dryer was equipped with a foil duct and was not vented correctly. The dryer must be equipped with a flexible metal duct and vented properly.

IV. RECOMMENDATION

An acceptable corrective action plan has been received. Renewal of the license and the special certification is recommended.

Mahtina Rubritius

08/29/2024

Mahtina Rubritius
Licensing Consultant

Date