



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
DIRECTOR

September 12, 2024

Paul Buchholz
Spring Arbor Assisted Living Center
3700 S. Dearing Rd.
Spring Arbor, MI 49283

RE: License #: AH380237409
Spring Arbor Assisted Living Center
3700 S. Dearing Rd.
Spring Arbor, MI 49283

Dear Licensee:

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 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 877-458-2757.

Sincerely,

A handwritten signature in cursive script that reads "Jessica Rogers".

Jessica Rogers, Licensing Staff
Bureau of Community and Health Systems
611 W. Ottawa Street
P.O. Box 30664
Lansing, MI 48909
(517) 285-7433
enclosure

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

I. IDENTIFYING INFORMATION

License #:	AH380237409
Licensee Name:	Ganton Retirement Centers, Inc.
Licensee Address:	7925 Spring Arbor Rd. Spring Arbor, MI 49283
Licensee Telephone #:	(517) 750-0500
Authorized Representative:	Paul Buchholz
Administrator/Licensee Designee:	Paul Buchholz Jr.
Name of Facility:	Spring Arbor Assisted Living Center
Facility Address:	3700 S. Dearing Rd. Spring Arbor, MI 49283
Facility Telephone #:	(517) 750-2700
Original Issuance Date:	07/16/2001
Capacity:	88
Program Type:	AGED ALZHEIMERS

II. METHODS OF INSPECTION

Date of On-site Inspection(s): 09/10/2024

Date of Bureau of Fire Services Inspection if applicable: 08/19/2024

Inspection Type: Interview and Observation Worksheet
 Combination

Date of Exit Conference: 09/12/2024

No. of staff interviewed and/or observed 14

No. of residents interviewed and/or observed 25

No. of others interviewed One Role Resident's hospice social worker

- 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.
- Meal preparation / service observed? Yes No If no, explain.
- Fire drills reviewed? Yes No If no, explain.
Bureau of Fire Services reviews fire drills. Disaster plan reviewed and staff interviewed regarding disaster plan.
- 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: CAP dated 9/22/2022 to Renewal Licensing Study Report (LSR) dated 9/9/2022: R 325.1923(2), R 325.1931(3), R 325.1932(2), R 325.1953(1), R 325.1976(13), R 325.1976(6)
- Number of excluded employees followed up? Five N/A

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

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

R 325.1913 Licenses and permits; general provisions.

(2) The applicant or the authorized representative shall give written notice to the department within 5 business days of any changes in information as submitted in the application pursuant to which a license, provisional license, or temporary nonrenewable permit has been issued.

An interview with Employee #1 revealed that administrator Kimberly Loomis had not been employed with the facility since April 2024; therefore, a violation was established for this rule.

VIOLATION ESTABLISHED.

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.

(t) "Service plan" means a written statement prepared by the home in cooperation with a resident, the resident's authorized representative, or the agency responsible for a resident's placement, if any, that identifies the specific care and maintenance, services, and resident activities appropriate for the individual resident's physical, social, and behavioral needs and well-being, and the methods of providing the care and services while taking into account the preferences and competency of the resident.

Resident B's service plan indicated a history of falls and advised encouraging the use of her walker. While the plan noted that she depended on staff for transferring, it did not provide specific details about her transfer needs, such as whether she required standby assistance or one- or two-person assistance.

VIOLATION ESTABLISHED.

R 325.1931 Employees; general provisions.

- (3) The home shall designate 1 person on each shift to be supervisor of resident care during that shift. The supervisor of resident care shall be fully dressed, awake, and on the premises when on duty.**

Review of the August and September 2024 staff schedules revealed they lacked identification of a supervisor of resident care on third shift.

REPEAT VIOLATION ESTABLISHED.

[For reference, see Renewal Licensing Study Report (LSR) dated 9/9/2022, CAP dated 9/22/2022]

R 325.1923 Employee's health.

- (1) 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? (<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. 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.**

Interviews with Employees #1 and #2 revealed that Employee #3 was originally hired on May 17, 2023, left the company, and then returned on July 2, 2024. A review of Employee #3's file showed that her initial TB test was administered on June 1, 2023, and read on June 3, 2023. Additionally, there was no record of a TB test being conducted upon her return to employment.

VIOLATION ESTABLISHED.

R 325.1931 Employees; general provisions.

(6) The home shall establish and implement a staff training program based on the home's program statement, the residents service plans, and the needs of employees, such as any of the following:

- (a) Reporting requirements and documentation.**
- (b) First aid and/or medication, if any.**
- (c) Personal care.**
- (d) Resident rights and responsibilities.**
- (e) Safety and fire prevention.**
- (f) Containment of infectious disease and standard precautions.**
- (g) Medication administration, if applicable.**

For Reference:

R 325.1932 Resident's medications.

(3) Staff who supervise the administration of medication for residents who do not self-administer shall comply with all of the following:

- (a) Be trained in the proper handling and administration of the prescribed medication.**

A review of the files for Employees #3, #4, #5, #6, #7, #8, and #9, revealed that they were missing one or more of the required trainings, specifically reporting, personal care, and medication administration. Employee #10's file lacked training records consistent with her position. The files lacked documentation that trainings were completed, and competency was evaluated.

VIOLATION ESTABLISHED.

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.

(3) Staff who supervise the administration of medication for residents who do not self-administer shall comply with all of the following:

(v) The initials of the individual who administered the prescribed medication.

Review of resident's medication administration records (MARs) for July and August 2024 revealed medications were not always given, taken, or applied pursuant to the labeling instructions, orders, and by the prescribing licensed health care professional.

Review of Residents A, D, and E's July and August 2024 MARs revealed one or more prn or "as needed" medications lacked a reason or diagnosis for their use. The medication orders lacked specific written instructions for staff describing the circumstances or reasons to necessitate administration of the as needed medications. Additionally, staff did not always document the reason for the as needed medications consistent with the reason or diagnosis.

Additionally, review of Resident A's August 2024 MARs revealed one or more scheduled medications were left blank on 8/1/2024 and 8/3/2024. Facility staff did not mark any reason for the missed doses and the MARs were left blank, therefore it cannot be confirmed why the medication administration was not completed as scheduled.

Review of Resident B's August 2024 MAR revealed there was a duplicate prn or "as needed" medication order for Ondansetron.

Review of Resident D's July and August 2024 MARs revealed an order written to change out the oxygen tubing every week with a label and date, in which staff initialed as completed once each month.

During the on-site visit, a medication technician was interviewed and reported that staff are required to count narcotics and sign the narcotic count book when starting and ending their shifts. However, upon reviewing the narcotic count book for medication cart #1, it was found to be incomplete on several dates in August and September 2024. Specifically, entries in the narcotic count book were sometimes missing dates and signatures, indicating that staff did not consistently adhere to the facility's medication administration policy.

VIOLATION ESTABLISHED.

R 325.1970 Water supply systems.

(7) The temperature of hot water at plumbing fixtures used by residents shall be regulated to provide tempered water at a range of 105 to 120 degrees Fahrenheit.

Testing of the assisted living public bathroom revealed a water temperature of 132.6 degrees Fahrenheit, and the memory care kitchen sink had a temperature of 129.4 degrees Fahrenheit.

VIOLATION ESTABLISHED.

IV. RECOMMENDATION

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



09/12/2024

Date

Licensing Consultant