

GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS LANSING

MARLON I. BROWN, DPA DIRECTOR

March 27, 2024

Bethany Mays Resident Advancement, Inc. PO Box 555 Fenton, MI 48430

RE: License #:	AS250010959
	Burleigh
	8155 Burleigh
	Grand Blanc, MI 48439

Dear Bethany Mays:

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 designee and a date.

Upon receipt of an acceptable corrective plan and completion of Special Investigation # 2024A1039021, a regular license will be issued. If you fail to submit an acceptable corrective action plan, disciplinary action will result.

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) 643-7960.

Sincerely,

Mark Coogles

Martin Gonzales, Licensing Consultant Bureau of Community and Health Systems 611 W. Ottawa Street P.O. Box 30664 Lansing, MI 48909

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

I. IDENTIFYING INFORMATION

License #:	AS250010959
Licensee Name:	Resident Advancement, Inc.
Licensee Address:	411 S. Leroy, PO Box 555
	Fenton, MI 48430
Licensee Telephone #:	(810) 750-0382
Licensee relephone #.	(810) 730-0382
Licensee/Licensee Designee:	Bethany Mays
Administrator:	Jennifer Soto
Name of Facility:	Burleigh
Encility Address:	8155 Burleigh
Facility Address:	Grand Blanc, MI 48439
	Grana Biano, ivii 40400
Facility Telephone #:	(810) 695-7455
Original Issuance Date:	05/19/1993
Capacity:	6
Program Type:	PHYSICALLY HANDICAPPED
Frogram Type.	DEVELOPMENTALLY DISABLED
	MENTALLY ILL
	AGED

II. METHODS OF INSPECTION

Date	e of On-site Inspection(s):	03/25/20)24		
Date	e of Bureau of Fire Services Inspection if appl	icable:	n/a		
Date	e of Health Authority Inspection if applicable:	1	1/02/2023		
No.	of staff interviewed and/or observed of residents interviewed and/or observed of others interviewed 0 Role:		4 6		
•	Medication pass / simulated pass observed?	Yes 🖂	No ☐ If no, explain.		
•	Medication(s) and medication record(s) revie	wed? Ye	es 🗵 No 🗌 If no, explain.		
•	Yes No ☐ If no, explain.				
•	Fire drills reviewed? Yes ⊠ No ☐ If no, ex	κplain.			
•	Fire safety equipment and practices observe	d? Yes[⊠ No lf no, explain.		
•	E-scores reviewed? (Special Certification On If no, explain. Water temperatures checked? Yes ⊠ No □	- ,			
•	Incident report follow-up? Yes ⊠ No ☐ If	no, expla	in.		
•	Corrective action plan compliance verified? N/A Number of excluded employees followed-up?				
•	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 400.14312	Resident medications.
	(4) When a licensee, administrator, or direct care staff member supervises the taking of medication by a resident, he or she shall comply with all of the following provisions: (a) Be trained in the proper handling and administration of medication. (b) Complete an individual medication log that contains all of the following information:
	(i) The medication.
	(ii) The dosage. (iii) Label instructions for use. (iv) Time to be administered.
	(v) The initials of the person who administers
	the medication, which shall be entered at the time the
	medication is given.
	(vi) A resident's refusal to accept prescribed medication or procedures.
	(c) Record the reason for each administration of medication that is prescribed on an as needed basis. (d) Initiate a review process to evaluate a resident's condition if a resident requires the repeated and prolonged use of a medication that is prescribed on an as needed basis. The review process shall include the resident's prescribing physician, the resident or his or her designated representative, and the responsible agency. (e) Not adjust or modify a resident's prescription medication without instructions from a physician or a
	pharmacist who has knowledge of the medical needs of the resident. A licensee shall record, in writing, any
	instructions regarding a resident's prescription medication. (f) Contact the appropriate health care professional if
	a medication error occurs or when a resident refuses prescribed medication or procedures and follow and record the instructions given.

Upon review it was noticed that 2 resident medical logs were not accurate compared to the medication administered to residents.		
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.	
Upon review it w	as noticed that the dryer was not vented with a metal duct.	

IV. RECOMMENDATION

Contingent upon receipt of an acceptable corrective action plan and completion of Special Investigation # 2024A1039021, renewal of the license is recommended.

Mark Coogles

03/27/2024

Martin Gonzales	Date
Licensing Consultant	