



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
DIRECTOR

November 22, 2024

Rachel Bartlett
Eden Fields Assisted Living And Memory Care
3567 Deep River Rd.
Standish, MI 48658

RE: License #:	AL060380538 Eden Fields Memory Care 3567 Deep River Rd. Standish, MI 48658
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Dear Rachel Bartlett:

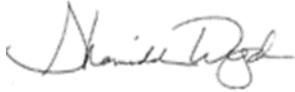
Attached is the Renewal Licensing Study Report for the facility referenced above. The violations cited in the report require the submission of a written corrective action plan. The corrective action plan is due 15 days from the date of this letter and must include the following:

- 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 or licensee designee or home for the aged, authorized representative and a date.

Upon receipt of an acceptable corrective plan, 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,

A handwritten signature in cursive script, appearing to read "Shamidah Wyden".

Shamidah Wyden, Licensing Consultant
Bureau of Community and Health Systems
411 Genesee
P.O. Box 5070
Saginaw, MI 48607
989-395-6853

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

I. IDENTIFYING INFORMATION

License #:	AL060380538
Licensee Name:	Eden Fields Assisted Living And Memory Care
Licensee Address:	3567 Deep River Rd. Standish, MI 48658
Licensee Telephone #:	(989) 718-3117
Licensee Designee:	Rachel Bartlett
Administrator:	Julie Illig
Name of Facility:	Eden Fields Memory Care
Facility Address:	3567 Deep River Rd. Standish, MI 48658
Facility Telephone #:	(989) 718-3117
Original Issuance Date:	05/27/2016
Capacity:	20
Program Type:	PHYSICALLY HANDICAPPED AGED ALZHEIMERS

II. METHODS OF INSPECTION

Date of On-site Inspection(s): 11/12/2024

Date of Bureau of Fire Services Inspection if applicable: 12/08/2023

Date of Health Authority Inspection if applicable: N/A

No. of staff interviewed and/or observed 2

No. of residents interviewed and/or observed 14

No. of others interviewed 1 Role: Administrator

- 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.
- 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.
There were no recent incident reports requiring follow-up.
- Corrective action plan compliance verified? Yes CAP date/s and rule/s:
12/2/2022, R316(1), R301(4), R310(3), R209(1)(e), R318(5), R205(5),
R208(1)(e), R205(6), R204(3)(b), R204(3)(c), 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 400.15203	Licensee and administrator training requirements.
	<p>(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:</p> <p style="padding-left: 40px;">(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.</p>
At the time of inspection, administrator Julie Illig did not have 16 annual training hours on file for review for the year 2023 and/or 2024.	
R 400.15204	Direct care staff; qualifications and training.
	<p>(3) A licensee or administrator shall provide in-service training or make training available through other sources to direct care staff. Direct care staff shall be competent before performing assigned tasks, which shall include being competent in all of the following areas:</p> <p style="padding-left: 40px;">(b) First aid.</p>
At the time of inspection, there was no verification of up to date first aid training on file for staff Brenda Borkowski.	
REPEAT VIOLATION ESTABLISHED, LSR DATE: 11/18/2022 CAP DATE: 12/02/2022	
R 400.15204	Direct care staff; qualifications and training.
	<p>(3) A licensee or administrator shall provide in-service training or make training available through other sources to direct care staff. Direct care staff shall be competent before performing assigned tasks, which shall include being competent in all of the following areas:</p> <p style="padding-left: 40px;">(c) Cardiopulmonary resuscitation.</p>
At the time of inspection, there was no verification of up-to-date CPR training on file for staff Brenda Borkowski.	
REPEAT VIOLATION ESTABLISHED, LSR DATE: 11/18/2022 CAP DATE: 12/02/2022	

R 400.15205	Health of a licensee, direct care staff, administrator, other employees, those volunteers under the direction of the licensee, and members of the household.
	(3) A licensee shall maintain, in the home, and make available for department review, 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 direct care staff, other employees, and members of the household. The statement shall be obtained within 30 days of an individual's employment, assumption of duties, or occupancy in the home.
At the time of inspection, there was no initial physician statement on file for staff Brenda Borkowski and staff Aniyah Armas.	
R 400.15205	Health of a licensee, direct care staff, administrator, other employees, those volunteers under the direction of the licensee, and members of the household.
	(5) A licensee shall obtain written evidence, which shall be available for department review, that each direct care staff, other employees and members of the household have been tested for communicable tuberculosis and that if the disease is present, appropriate precautions shall be taken as required by state law. Current testing shall be obtained before an individual's employment, assumption of duties, or occupancy in the home. The results of subsequent testing shall be verified every 3 years thereafter or more frequently if necessary.
At the time of inspection, there was no up-to-date TB test on file for staff Brenda Borkowski and staff Aniyah Armas.	
REPEAT VIOLATION ESTABLISHED, LSR DATE: 11/18/2022 CAP DATE: 12/02/2022	
R 400.15205	Health of a licensee, direct care staff, administrator, other employees, those volunteers under the direction of the licensee, and members of the household.
	(6) A licensee shall annually review the health status of the administrator, direct care staff, other employees and members of the household. Verification of annual reviews shall be maintained by the home and shall be available for department review.

At the time of inspection, there was no annual health review on file for staff Brenda Borkowski.	
REPEAT VIOLATION ESTABLISHED, LSR DATE: 11/18/2022 CAP DATE: 12/02/2022	
R 400.15306	Use of assistive devices.
	(3) Therapeutic supports shall be authorized, in writing, by a licensed physician. The authorization shall state the reason for the therapeutic support and the term of the authorization.
At the time of inspection, there was no physician authorization on file for review for Resident A's cane, and Resident B's walker.	
R 400.15315	Handling of resident funds and valuables.
	(3) A licensee shall have a resident's funds and valuables transaction form completed and on file for each resident. A department form shall be used unless prior authorization for a substitute form has been granted, in writing, by the department.
At the time of inspection, Resident Funds & Valuables Part I and II were not completed and on file for Resident A and Resident B.	
R 400.15316	Resident records.
	(1) A licensee shall complete, and maintain in the home, a separate record for each resident and shall provide record information as required by the department. A resident record shall include, at a minimum, all of the following information: (a) Identifying information, including, at a minimum, all of the following: (viii) Funeral provisions and preferences.
At the time of inspection, there were no funeral provisions and preferences documented in Resident A's file.	
R 400.15318	Emergency preparedness; evacuation plan; emergency transportation.
	(1) A licensee shall have a written emergency procedure and evacuation plan to be followed in case of fire, medical, or severe weather emergencies. The evacuation plan shall be prominently posted in the home. Residents who require

	special assistance shall be identified in the written procedure.
At the time of inspection, the evacuation plan was not observed to be prominently posted in the facility.	
R 400.15318	Emergency preparedness; evacuation plan; emergency transportation.
	(5) A licensee shall practice emergency and evacuation procedures during daytime, evening, and sleeping hours at least once per quarter. A record of the practices shall be maintained and be available for department review.
At the time of inspection, fire drills were reviewed. Fire drills that were reviewed did not have daytime, evening, and sleeping hour drills documented for each quarter between October 2022 and September 2024.	
REPEAT VIOLATION ESTABLISHED, LSR DATE: 11/18/2022 CAP DATE: 12/02/2022	
R 400.15401	Environmental health.
	(4) All garbage and rubbish that contains food wastes shall be kept in leakproof, nonabsorbent containers. The containers shall be kept covered with tight-fitting lids and shall be removed from the home daily and from the premises at least weekly.
At the time of inspection, there was no lid observed on the trash can in the facility's kitchen.	

IV. RECOMMENDATION

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



11/22/2024

Date

Licensing Consultant