



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

MARLON I. BROWN, DPA  
DIRECTOR

December 11, 2024

Jeanette Glasscoe  
Loving Care & Comfort MJB LLC  
414 Leland Place  
Lansing, MI 48917

RE: License #: AS330403577  
**Loving Care & Comfort (MJB) LLC**  
**1611 William Street**  
**Lansing, MI 48915**

Dear Ms. Glasscoe:

Attached is the Renewal Licensing Study Report for the facility referenced above. The physical plan and quality of care 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.

A six-month provisional license is recommended. If you do not contest the issuance of a provisional license, you must indicate so in writing; this may be included in your corrective action plan or in a separate document. If you contest the issuance of a provisional license, you must notify this office in writing and an administrative hearing will be scheduled. Even if you contest the issuance of a provisional license, you must still submit an acceptable corrective action plan within 15 days.

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,

A handwritten signature in cursive script that reads "Jana Lipps". The signature is written in dark ink on a light background.

Jana Lipps, 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**

<b>License #:</b>	AS330403577
<b>Licensee Name:</b>	Loving Care & Comfort MJB LLC
<b>Licensee Address:</b>	414 Leland Place Lansing, MI 48917
<b>Licensee Telephone #:</b>	(517) 391-4572
<b>Licensee Designee:</b>	Jeanette Glasscoe
<b>Administrator:</b>	Jeanette Glasscoe
<b>Name of Facility:</b>	Loving Care & Comfort (MJB) LLC
<b>Facility Address:</b>	1611 William Street Lansing, MI 48915
<b>Facility Telephone #:</b>	(517) 391-4572
<b>Original Issuance Date:</b>	06/19/2020
<b>Capacity:</b>	5
<b>Program Type:</b>	DEVELOPMENTALLY DISABLED MENTALLY ILL

## II. METHODS OF INSPECTION

Date of On-site Inspection(s): 12/09/2024

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 1

No. of residents interviewed and/or observed 5

No. of others interviewed 1 Role: Licensee Designee

- 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. Licensee designee does not hold cash funds for any of the current residents.
- 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.
- Corrective action plan compliance verified? Yes ☐ CAP date/s and rule/s: 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 330.1803**

**Facility environment; fire safety.**

**(6) Evacuation assessments shall be conducted within 30 days after the admission of each new client and at least annually thereafter. The specialized program shall forward a copy of each completed assessment to the responsible agency and retain a copy in the home for inspection. A home that is assessed as having an evacuation difficulty index of "impractical" using appendix f of the life safety code of the national fire protection association shall have a period of 6 months from the date of the finding to do either of the following**

During the on-site inspection, I reviewed the resident records for Resident A, Resident B, and Resident C. I observed that the evacuation assessments for Resident A & Resident B were dated 5/15/24, and Resident C's evacuation assessment was dated 1/31/24. Since the evacuation assessments did not contain the same date, it can be determined that the evacuation assessments are not being conducted within 30 days after admission of each new resident. Evacuation assessments for residents must be completed for each resident upon the admission of a new resident, or annually.

**R 400.14103**

**Licenses; required information; fee; effect of failure to cooperate with inspection or investigation; posting of license; reporting of changes in information.**

**(5) An applicant or licensee shall give written notice to the department of any changes in information that was previously submitted in or with an application for a license, including any changes in the household and in personnel-related information, within 5 business days after the change occurs.**

During the on-site inspection I reviewed the employee file for direct care staff, Ashley Bryant. Licensee designee, Jeanette Glasscoe, reported that Ms. Bryant is a live-in direct care staff member and has been residing at the facility since 4/23/24. Ms. Glasscoe did not update the licensing consultant to report the change in household information or provide a completed BCHS AFC-100 form to the department for Ms. Bryant.

**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.**

(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.

In reviewing Ms. Bryant's employee file, it was discovered that the file lacked documentation of a completed signed statement by a licensed physician attesting to Ms. Bryant's physical health. Ms. Glasscoe reported that she did not have a current physical available for Ms. Bryant.

**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.**

(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.

The employee file for Ms. Bryant did not contain evidence of a negative tuberculosis test within the past three years.

**R 400.14208            Direct care staff and employee records.**

(3) A licensee shall maintain a daily schedule of advance work assignments, which shall be kept for 90 days. The schedule shall include all of the following information:

(a) Names of all staff on duty and those volunteers who are under the direction of the licensee.

(b) Job titles.

(c) Hours or shifts worked.

(d) Date of schedule.

(e) Any scheduling changes.

During the on-site inspection, I requested to review the employee schedule. Ms. Glasscoe reported that she did not have a current employee schedule available for review.

**R 400.14312            Resident medications.**

(1) Prescription medication, including dietary supplements, or individual special medical procedures shall be given, taken, or applied only as prescribed by a licensed physician or dentist. Prescription medication shall be kept in the original pharmacy-supplied container, which shall be labeled for the specified resident in accordance with the requirements of Act No. 368 of the Public Acts of 1978, as amended, being S333.1101 et seq. of the Michigan Compiled Laws, kept with the equipment to administer it in a locked cabinet or drawer, and refrigerated if required.

During the on-site inspection I reviewed the medications for Resident A. Resident A is prescribed two inhalers by his physician. The inhalers were provided for review but were not kept in the original pharmacy supplied containers. These inhalers did not contain Resident A's name, dosage or instructions for administration.

**R 400.14312            Resident medications.**

(2) Medication shall be given, taken, or applied pursuant to label instructions.

In reviewing Resident A's medications, it was discovered that five of the medications listed on Resident A's *Medication Administration Record* (MAR) were not on-site to be administered. Ms. Glasscoe reported that Resident A's Lidocaine patches were discontinued and the pharmacy has not yet updated the MAR to reflect this change. She reported that medications Mucinex, Multi-Vitamin, Polyethylene Glycol, & Crestor, were not available on-site and she had not been previously aware of this. Ms. Glasscoe made a telephone call to the pharmacy during this inspection and received report from the pharmacy representative that the Crestor & Mucinex had been placed on hold by the physician in May 2024 and the Polyethylene Glycol & Multi-Vitamin were to be administered daily but the physician was told the prescriptions required refills at least two months ago and the physician has not yet supplied the refill orders. Ms. Glasscoe reported that she has not made effort to discuss this issue with Resident A's physician. The current orders for these medications are to be administered daily.

**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:

(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.



In reviewing Resident A's MAR for the month of December 2024, it was identified that medications, Crestor, Multi-Vitamin, Mucinex, & Polyethylene Glycol had not been available to be administered to Resident A for at least a two-month period. However, direct care staff members had initialed the MAR indicating that these medications were being administered to Resident A. The direct care staff members did not identify that these medications were not available at the facility for administration.

**REPEAT VIOLATION ESTABLISHED [Reference SIR #2024A1033040, CAP dated 5/7/24].**

**R 400.14401      Environmental health.**

(2) Hot and cold running water that is under pressure shall be provided. A licensee shall maintain the hot water temperature for a resident's use at a range of 105 degrees Fahrenheit to 120 degrees Fahrenheit at the faucet.

The water temperature at the bathroom sink on the main level of the facility was tested during this inspection. The water temperature was recorded at 142 degrees Fahrenheit on this date.

**REPEAT VIOLATION ESTABLISHED [Reference LSR dated 11/29/22, CAP dated 12/7/22].**

**R 400.14401      Environmental health.**

(6) Poisons, caustics, and other dangerous materials shall be stored and safeguarded in nonresident areas and in non-food preparation storage areas.

During the on-site inspection I observed cleaning chemicals containing bleach to be kept in the downstairs resident bathroom, under the sink. The chemicals were easily accessed and not safeguarded in a nonresident area.

**REPEAT VIOLATION ESTABLISHED [Reference LSR dated 11/29/22, CAP dated 12/7/22].**

**R 400.14402      Food service.**

(3) All perishable food shall be stored at temperatures that will protect against spoilage. All potentially hazardous food shall be kept at safe temperatures. This means that all cold foods are to be kept cold, 40 degrees Fahrenheit or below, and that all hot foods are to be kept hot, 140 degrees Fahrenheit or above,

except during periods that are necessary for preparation and service. Refrigerators and freezers shall be equipped with approved thermometers.

During the on-site inspection I observed a large standing freezer in the dining room of the facility. This freezer was not equipped with a thermometer.

**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.

I observed the front, concrete steps, leading to the front door of the facility to be cracked and crumbling. These steps pose a safety issue and need repair.

**R 400.14403          Maintenance of premises.**

(11) Handrails and nonskid surfacing shall be installed in showers and bath areas.

During the inspection I observed that the downstairs bathroom shower was not equipped with a handrail.

**R 400.14403          Maintenance of premises.**

(5) Floors, walls, and ceilings shall be finished so as to be easily cleanable and shall be kept clean and in good repair.

During the inspection I observed the carpeting in the lower level of the home to need repair as it was showing significant signs of stains and wear.

**R 400.14403          Maintenance of premises.**

(8) Stairways shall have sturdy and securely fastened handrails. The handrails shall be not less than 30, nor more than 34, inches above the upper surface of the tread. All exterior and interior stairways and ramps shall have handrails on the open sides. All porches and decks that are 8 inches or more above grade shall also have handrails on the open sides.

I observed the front and back staircases of the home were not equipped with handrails on all open sides.

**R 400.14505**

**Smoke detection equipment; location; battery replacement; testing, examination, and maintenance; spacing of detectors mounted on ceilings and walls; installation requirements for new construction, conversions, and changes of category.**

(3) The batteries of battery-operated smoke detectors shall be replaced in accordance with the recommendations of the smoke or heat detection equipment manufacturer.

During the inspection I observed one of the smoke detectors to be making a chirping sound, indicating the battery needed replacement.

#### **IV. RECOMMENDATION**

Contingent upon receipt of an acceptable corrective action plan, issuance of a provisional license is recommended.



12/11/24

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Jana Lipps  
Licensing Consultant

Date

Approved:



12/11/2024

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Dawn Timm  
Area Manager

Date