



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
DIRECTOR

December 2, 2024

Lena Faling
Senior Moments Assisted Living, LLC
3200 Horton Rd
Jackson, MI 49203

RE: License #: AS380389161
Senior Moments Assisted Living
3200 Horton Rd
Jackson, MI 49203

Dear Ms. Faling:

Attached is the Renewal Licensing Study Report for the facility referenced above. The study has determined substantial violations of applicable licensing statutes and administrative rules. Therefore, refusal to renew the license is recommended. You will be notified in writing of the Department's intention and your options for resolution of this matter.

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 (313) 456-0380.

Sincerely,

A handwritten signature in cursive script that reads "Vanita Bouldin".

Vanita C. Bouldin, Licensing Consultant
Bureau of Community and Health Systems
22 Center Street
Ypsilanti, MI 48198
(734) 395-4037

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

I. IDENTIFYING INFORMATION

License #: AS380389161

Licensee Name: Senior Moments Assisted Living, LLC

Licensee Address: 3200 Horton Rd
Jackson, MI 49203

Licensee Telephone #: (517) 917-3988

Licensee/Licensee Designee: Lena Faling

Administrator: Lena Faling

Name of Facility: Senior Moments Assisted Living

Facility Address: 3200 Horton Rd
Jackson, MI 49203

Facility Telephone #: (517) 917-3988

Original Issuance Date: 04/06/2018

Capacity: 6

Program Type: AGED
ALZHEIMERS

II. METHODS OF INSPECTION

Date of On-site Inspection(s): 10/24/2024

Date of Bureau of Fire Services Inspection if applicable: Overdue

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 [redacted] 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.
- 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:
Conditions of the CAP NOT met: CAP 01/28/2022, 400.14105(1) and
400.14305(3) 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 400.14105 Licensed capacity.

(1) The number of residents cared for in a home and the number of resident beds shall not be more than the capacity that is authorized by the license.

On 10/24/2024, I observed nine bedrooms in the facility and the resident register documenting 13 residents admitted to the facility. Licensee Designee, Lena Failing reported 14 residents currently admitted in the facility. Based upon my observation, I have determined that the residents cared for, and the number of resident beds are more than the capacity authorized by the license.

Since I renewed the license on 09/22/2022, I have sent numerous emails to licensee designee, Lena Failing, and the bureau of fire service representatives, 02/22/2023, 11/14/2023, 01/25/2024, 03/14/2024, 04/17/2024, 08/22/2024, and 09/18/2024, etc. following up on progress of compliance with corrective action plan dated 01/28/2022, i.e., "the license will be changed to a large group home license..." As of 11/26/2024, the conditions of the corrective action plan dated 01/28/2022 have not been met and licensee designee, Lena Failing, continues to operate a facility with more than the capacity authorized by her small group facility license.

Repeat Violation: SIR #2022A0122012 - 01/04/2022, CAP DATE: 01/28/2022

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.

Residents A and B did not have health care appraisals for 2023. Resident A was admitted in January 2020 and Resident B was admitted in March 2018.

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.

Residents A and B did not have assessments for 2023. Resident A was admitted in January 2020 and Resident B was admitted in March 2018.

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.

Residents A and B did not have resident care agreements for 2023 to document the form had been reviewed with the residents, resident's designated representatives, or responsible agencies. Resident A was admitted in January 2020 and Resident B was admitted in March 2018.

R 400.14305 Resident protection.

(3) A resident shall be treated with dignity and his or her personal needs, including protection and safety, shall be attended to at all times in accordance with the provisions of the act.

On 10/24/2024, I observed nine bedrooms and licensee designee, Lena Failing reported 14 residents admitted in the facility. According to Adult Foster Public Act 218 400.720(1) The department shall not issue a temporary, provisional or regular license to an adult foster care facility with a capacity of more than 6 adults until the facility receives a certificate of approval from the bureau of fire services... after compliance with fire safety standards prescribed in rules promulgated by the bureau of fire services. An inspection and approval from the bureau of fire services is required and has not been completed on the facility to verify compliance with fire safety rules and regulations. Therefore, I cannot conclude that the facility can safely provide for the 14 admitted residents. Licensee designee, Lena Failing, cannot assure the safety of the residents is attended to at all times, thereby placing the residents at potential risk.

Repeat Violation: SIR #2022A0122012 - 01/04/2022, CAP DATE: 01/28/2022

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.

On 10/24/2024, I observed nine bedrooms and licensee designee, Lena Failing reported 14 residents admitted in the facility. According to Adult Foster Public Act 218 400.720(1) The department shall not issue a temporary, provisional or regular license to an adult foster care facility with a capacity of more than 6 adults until the facility receives a certificate of approval from the bureau of fire services... after compliance with fire safety standards prescribed in rules promulgated by the bureau of fire services. Before a facility can be licensed to provide care for more than six residents, a certificate of approval from the bureau of fire services is required to make certain the facility is constructed and arranged safely for those residents admitted. Lena Failing failed to obtain a certificate of approval from the bureau of fire services, thereby failing to make certain her facility is constructed and arranged safely for the well-being of her residents.

Since I renewed the license on 09/22/2022, I have sent numerous emails to licensee designee, Lena Failing, and the bureau of fire service representatives, 02/22/2023, 11/14/2023, 01/25/2024, 03/14/2024, 04/17/2024, 08/22/2024, and 09/18/2024, etc. following up with the requirements from bureau of fire service on the facility and compliance with the corrective action plan dated 01/28/2022, i.e., "the license will be changed to a large group home license..." As of 11/26/2024, a certificate of approval from the bureau of fire services has not been received for the facility and the conditions of the corrective action plan dated 01/28/2022 have not been met, therefore, I cannot make certain that the facility is constructed and arranged safely for the well-being of her residents.

R 400.14103 Licensee; required information; fee; effect of failure to cooperate with inspection or investigation; posting of license; reporting of changes in information.

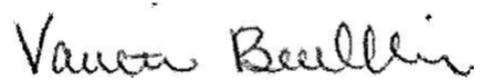
(5) An applicant or licensee shall give written notice to the department of any changes in information that was previously submitted in or with an application for a license, including any changes in the household and in personnel-related information, within 5 business days after the change occurs.

On 10/24/2024, I observed that the facility kitchen has been changed from what it was at the time of licensure on 04/06/2018, from a full kitchen to a kitchenette. Licensee Designee, Lena Failing stated that the facility kitchen had been changed into a kitchenette, which includes a mini refrigerator, a wall oven, and hot plates/electric skillets. The kitchen sink and stove has been removed. Ms. Failing failed to give written notice to the department of changes made to the facility kitchen.

Repeat Violation: SIR #2022A0122012 - 01/04/2022, CAP DATE: 01/28/2022

IV. RECOMMENDATION

Refusal to renew the license is recommended.



Vanita C. Bouldin
Licensing Consultant

Date: 11/26/2024

Approved By:



Ardra Hunter
Area Manager

Date: 12/2/2024