

GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS LANSING

MARLON I. BROWN, DPA DIRECTOR

February 12, 2025

Catherine Reese Vibrant Life Senior Living, OC Temperance LLC 5720 Williams Lake Road Waterford, MI 48329

RE: License #: AM580397721

The Cottage

7340 Jackman Road Temperance, MI 48182

Dear Ms. Reese:

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 (313) 456-0380.

Sincerely,

Pandrea Robinson, Licensing Consultant Bureau of Community and Health Systems Cadillac Pl. Ste 9-100

3026 W. Grand Blvd Detroit, MI 48202 (313) 319-9682

> 611 W. OTTAWA • P.O. BOX 30664 • LANSING, MICHIGAN 48909 www.michigan.gov/lara • 517-335-1980

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

I. IDENTIFYING INFORMATION

License #: AM580397721

Licensee Name: Vibrant Life Senior Living, OC Temperance

LLC

Licensee Address: 5720 Williams Lake Road

Waterford, MI 48329

Licensee Telephone #: (734) 847-3217

Licensee/Licensee Designee: Catherine Reese

Administrator: Catherine Reese

Name of Facility: The Cottage

Facility Address: 7340 Jackman Road

Temperance, MI 48182

Facility Telephone #: (734) 847-3217

Original Issuance Date: 03/11/2020

Capacity: 12

Program Type: PHYSICALLY HANDICAPPED

ALZHEIMERS

AGED

II. METHODS OF INSPECTION

Date	e of On-site Inspection(s):	02/11/2	2025
Date	e of Bureau of Fire Services Inspection if appli	icable:	07/11/2024
Date	e of Health Authority Inspection if applicable:		02/11/2025
No.	of staff interviewed and/or observed of residents interviewed and/or observed of others interviewed 1 Role: Licensee	e desigr	0 0 nee
•	Medication pass / simulated pass observed? Yes \(\subseteq \) No \(\subseteq \) If no, explain. There are no current residents living in the facility. Medication(s) and medication record(s) reviewed? Yes \(\subseteq \) No \(\subseteq \) If no, explain No medications currently in the facility as there are no residents in care at the present. 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, ex	plain.	
•	Fire safety equipment and practices observed	d? Yes	No □ If no, explain.
•	E-scores reviewed? (Special Certification On If no, explain. Water temperatures checked? Yes ⊠ No □	_	
•	Incident report follow-up? Yes ☐ No ☒ If r	no, expl	ain.
•	Corrective action plan compliance verified? \(CAP \) dated 03/07/23 Rules 301 (4), 301 (9) a Number of excluded employees followed-up?	ns 3 01	
	Variances? Ves (nlease explain) No	Ν/Δ 🔯	1

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

This facility was determined to be in substantial compliance with rules and requirements.

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

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.

At the time of inspection, I observed that staff, Jaylynn Poole's employee record did not contain verification that she has been tested for tuberculosis.

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.

(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, I observed that staff, Jaylynn Poole and Shawntell Smith employee records did not contain annual health reviews for 2023.

R 400.14208 Direct care staff and employee records.

(1) A licensee shall maintain a record for each employee. The record shall contain all of the following employee information:(e) Verification of experience, education, and training.

At the time of inspection, I observed that staff, Jaylynn Poole's employee record did not contain verification of education.

R 400.14208 Direct care staff and employee records.

(1) A licensee shall maintain a record for each employee. The record shall contain all of the following employee information:

(f) Verification of reference checks.

At the time of inspection, I observed that staff, Jordan Poole's employee record did not contain verification of reference checks.

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.

At the time of inspection, I observed that Resident A's record did not contain a annual health care appraisal for 2024. The health care appraisal was due to be completed in January of 2024. Resident B's records did not contain an annual health care appraisal for 2023.

REPEAT VIOLATION ESTABLISHED: LSR dated 02/21/23; CAP dated 03/07/23.

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.

At the time of inspection, I observed that Resident B's record did not contain an annual assessment plan for 2023.

REPEAT VIOLATION ESTABLISHED: LSR dated 02/21/23;CAP dated 03/07/23.

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.

At the time of inspection, I observed that Resident B's record did not contain an annual resident care agreement for 2023.

REPEAT VIOLATION ESTABLISHED: LSR dated 02/21/23;CAP dated 03/07/23.

IV. RECOMMENDATION

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

Pandrea Robinson Licensing Consultant 02/12/25 Date