

GRETCHEN WHITMER GOVERNOR STATE OF MICHIGAN DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS LANSING

MARLON I. BROWN, DPA DIRECTOR

February 21, 2025

Megan Wojton The Meadows at Silver Maples 100 Silver Maples Drive Chelsea, MI 48118

> RE: License #: AH810236843 The Meadows at Silver Maples 200 Silver Maples Drive Chelsea, MI 48118

Dear Licensee:

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 home for the aged authorized representative and a date.
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Upon receipt of an acceptable corrective action plan, a regular license will be issued. If you fail to submit an acceptable corrective action plan, disciplinary action will result. Please review the enclosed documentation for accuracy and contact me with any questions. In the event that I am not available and you need to speak to someone immediately, please feel free to contact the local office at 877-458-2757.

Sincerely,

Jessica Rogers

Jessica Rogers, Licensing Staff Bureau of Community and Health Systems 611 W. Ottawa Street P.O. Box 30664 Lansing, MI 48909 (517) 285-7433

enclosure

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

I. IDENTIFYING INFORMATION

License #:	AH810236843
Licensee Name:	Silver Maples of Chelsea
Licensee Address:	100 Silver Maples Dr. Chelsea, MI 48118-1399
Licensee Telephone #:	(734) 475-4111
Authorized Representative:	Holly Ridenour
Administrator/Licensee Designee:	Megan Wojton
Name of Facility:	The Meadows at Silver Maples
Name of Facility: Facility Address:	The Meadows at Silver Maples 200 Silver Maples Drive Chelsea, MI 48118
-	200 Silver Maples Drive
Facility Address:	200 Silver Maples Drive Chelsea, MI 48118
Facility Address: Facility Telephone #:	200 Silver Maples Drive Chelsea, MI 48118 (734) 475-1490

II. METHODS OF INSPECTION

Date of On-site Inspection(s):	02/19/2025
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Date of Bureau of Fire Services Inspection if applicable: 05/13/2024

Inspection Type: Interview and Observation Worksheet

Date of Exit Conference: 02/21/2025

No. of staff interviewed and	d/or observed	15
No. of residents interviewe	d and/or observed	28
No. of others interviewed	0 Role	

- Medication pass / simulated pass observed? Yes 🛛 No 🗌 If no, explain.
- Medication(s) and medication records(s) reviewed? Yes No If no, explain.
- Resident funds and associated documents reviewed for at least one resident? Yes No X If no, explain. No resident funds held.
- Meal preparation / service observed? Yes 🖂 No 🗌 If no, explain.
- Fire drills reviewed? Yes No X If no, explain.
 Bureau of Fire Services reviews fire drills. Disaster plan reviewed and staff interviewed regarding disaster plan.
- Water temperatures checked? Yes 🛛 No 🗌 If no, explain.
- Incident report follow-up? Yes □ IR date/s: N/A ⊠
- Corrective action plan compliance verified? Yes X CAP date/s and rule/s: CAP dated 1/30/2023 to Renewal LSR dated 1/25/2023: R 325.1921(1)(b), R 325.1932(3)(e), R 325.1954, R 325.1976(13), R 325.1976(6)
- Number of excluded employees followed up?
 N/A

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

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

R 325.1923 Employee's health.

(2) A home shall provide initial tuberculosis screening at no cost for its employees. New employees shall be screened within 10 days of hire and before occupational exposure. The screening type and frequency of routine tuberculosis (TB) testing shall be determined by a risk assessment as described in the 2005 MMWR ?Guidelines for Preventing the Transmission of Mycobacterium tuberculosis in Health-Care Settings, 2005? (http://www.cdc.gov/mmwr/pdf/rr/rr5417.pdf), Appendices B and C, and any subsequent guidelines as published by the centers for disease control and prevention. Each home, and each location or venue of care, if a home provides care at multiple locations, shall complete a risk assessment annually. Homes that are low risk do not need to conduct annual TB testing for employees.

A review of Employee #1's file showed her hire date was 9/4/2023, but her tuberculosis test was administered on 8/2/2023 and read on 8/7/2023. As a result, the home was not in compliance with this requirement.

VIOLATION ESTABLISHED.

R 325.1932 Resident medications.

(2) Prescribed medication managed by the home shall be given, taken, or applied pursuant to labeling instructions, orders and by the prescribing licensed health care professional.

Review of the narcotic count log for Team #4 for January and February 2025 revealed instances where staff did not sign off on the narcotic count for their assigned medication cart. Specifically, on 1/2/2025, 1/6/2025, 1/9/2025, and the midnight shift on the day of inspection, the narcotic count was not completed for one or more shifts.

VIOLATION ESTABLISHED.

R 325.1976 Kitchen and dietary.

(13) A multi-use utensil used in food storage, preparation, transport, or serving shall be thoroughly cleaned and sanitized after each use and shall be handled and stored in a manner which will protect it from contamination.

During the interview with Employee #2, it was revealed that the home used both chemical and heat sanitation, which were tested daily but not documented. A sign above the kitchen sinks indicated that dishwasher sanitation checks should be recorded daily at 9:00 AM, 12:00 PM, and 4:00 PM. As a result, it could not be confirmed that this task was completed, and staff did not follow kitchen policy.

REPEAT VIOLATION ESTABLISHED.

[For reference, see licensing study report (LSR) dated 1/25/2023, CAP dated 1/30/2023]

IV. RECOMMENDATION

Contingent upon receipt of an acceptable corrective action plan, the status of this license will remain unchanged.

fessica Kogers

02/21/2025

Date

Licensing Consultant