



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

MARLON I. BROWN, DPA  
DIRECTOR

March 06, 2025

David Zebley  
Cambrian Memory Care of Tecumseh  
1415 Short Street  
Tecumseh, MI 49286

RE: License #: AH460344934  
Cambrian Memory Care of Tecumseh  
1415 Short Street  
Tecumseh, MI 49286

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.

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, 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**

<b>License #:</b>	AH460344934
<b>Licensee Name:</b>	Cambrian Memory Care-Tecumseh, LLC
<b>Licensee Address:</b>	1415 Short St. Tecumseh, MI 49286
<b>Licensee Telephone #:</b>	(517) 301-4734
<b>Authorized Representative:</b>	David Zebley
<b>Administrator:</b>	Stacey Short
<b>Name of Facility:</b>	Cambrian Memory Care of Tecumseh
<b>Facility Address:</b>	1415 Short Street Tecumseh, MI 49286
<b>Facility Telephone #:</b>	(517) 423-5300
<b>Original Issuance Date:</b>	09/02/2014
<b>Capacity:</b>	35
<b>Program Type:</b>	ALZHEIMERS

## II. METHODS OF INSPECTION

Date of On-site Inspection(s): 03/04/2025

Date of Bureau of Fire Services Inspection if applicable: 04/23/2024

Inspection Type: ☐ Interview and Observation ☒ Worksheet  
☐ Combination

Date of Exit Conference: 03/04/2025

No. of staff interviewed and/or observed 4

No. of residents interviewed and/or observed 8

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 ☒ If no, explain. No resident funds held.
- Meal preparation / service observed? Yes ☒ No ☐ If no, explain.
- Fire drills reviewed? Yes ☐ No ☒ If no, explain.  
Bureau of Fire Services reviews fire drills. Disaster plan reviewed.
- Water temperatures checked? Yes ☒ No ☐ If no, explain.
- Incident report follow-up? Yes ☐ IR date/s: N/A ☒
- Corrective action plan compliance verified? Yes ☒ CAP date/s and rule/s: CAP dated 3/2/2023 to Renewal Licensing Study Report (LSR) dated 2/17/2023: R 325.1953(1), R 325.1954, R 325.1976(13)
- 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 325.1932                      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.**

A review of the January and February 2025 medication administration records (MARs) for Residents A, B, and C revealed that all three were prescribed as-needed (prn) medications for pain. Resident A was prescribed two pain medications, while Residents B and C were each prescribed three pain medications. However, the medication orders did not include specific written instructions for staff to determine whether the medications should be administered together, separately, in tandem, or one in place of the other, depending on the severity of the pain.

Resident B was prescribed Digoxin, one tablet by mouth daily, with instructions to hold if the pulse is less than 60. On the following dates, staff initialed the medication as administered despite Resident B's pulse being under 60: 1/5/2025, 1/24/2025, and 1/27/2025.

Resident C was prescribed Hyoscyamine as needed (prn), but the order lacked a specified reason for its administration.

**VIOLATION ESTABLISHED.**

**R 325.1954                      Meal and food records.**

**The home shall maintain a record of the meal census, to include residents, personnel, and visitors, and a record of the kind and amount of food used for the preceding 3-month period.**

Review of the January and February 2025 meal census and production logs revealed one or more meals were left blank on the following dates: 1/22/2025, 1/25/2025, 2/27/2025, and 2/28/2025.

**REPEAT VIOLATION ESTABLISHED.**

**[For reference, see licensing study report (LSR) dated 2/17/2023; CAP dated 3/2/2023].**

#### **IV. RECOMMENDATION**

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



03/06/2025

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Date

Licensing Consultant