



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

MARLON I. BROWN, DPA  
DIRECTOR

March 24, 2025

Eric Simcox  
Kingsley Senior Living  
44100 Connection Way  
Canton, MI 48188

RE: License #: AH820402301  
Kingsley Senior Living  
44100 Connection Way  
Canton, MI 48188

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 of the 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>	AH820402301
<b>Licensee Name:</b>	Antioch Connection Canton MI, LLC
<b>Licensee Address:</b>	799 Windmill Drive Pickerington, OH 43147
<b>Licensee Telephone #:</b>	(614) 861-8128
<b>Authorized Representative:</b>	Eric Simcox
<b>Administrator:</b>	Nick Batey
<b>Name of Facility:</b>	Kingsley Senior Living
<b>Facility Address:</b>	44100 Connection Way Canton, MI 48188
<b>Facility Telephone #:</b>	(734) 405-7500
<b>Original Issuance Date:</b>	08/10/2022
<b>Capacity:</b>	92
<b>Program Type:</b>	AGED ALZHEIMERS

## II. METHODS OF INSPECTION

Date of On-site Inspection(s): 03/20/2025

Date of Bureau of Fire Services Inspection if applicable: 01/27/2025, 03/14/2025

Inspection Type: ☐ Interview and Observation ☒ Worksheet  
☐ Combination

Date of Exit Conference: 03/20/2025

No. of staff interviewed and/or observed 12

No. of residents interviewed and/or observed 34

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 5/14/2024 to Special Investigation Report (SIR) 2024A1011008 dated 4/25/2024: R 325.1931(5), R 325.1932(2), R 325.1932(4)
- CAP date 5/15/2024 to SIR 2024A1011009 dated 4/25/2024: R 325.1931(2), R 325.1922(5)
- 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 February and March 2025 medication administration records (MARs) revealed that some residents were prescribed multiple as-needed (PRN) medications for the same reason. For example, Resident A was prescribed Tylenol, Morphine, and Tramadol (without a specified reason) as needed for pain, while Residents E and F were prescribed both Acetaminophen and Morphine for the same purpose. Additionally, Resident F was prescribed Haloperidol and Lorazepam as needed for agitation. The medication orders lacked clear instructions for staff regarding whether these medications should be administered together, separately, in tandem, or as substitutes depending on the severity of the condition.

Furthermore, Resident A's MARs indicated prescriptions for Senna and Tramadol as needed, but without specifying the reason for administration, leaving staff unclear about why these medications should be given.

Additionally, Resident C's MARs noted a prescription for Metoprolol, take one tablet every 12 hours, with instructions to hold the dose if the systolic blood pressure was less than 120 or the pulse was under 70. However, staff documented the medication as administered on the following dates despite being less than the parameters: 2/1/2025, 2/12/2025, 2/14/2025, 2/15/2025, 2/16/2025, 2/21/2025, 2/26/2025, 3/1/2025, 3/4/2025, 3/10/2025, 3/11/2025, and 3/14/2025. Resident C was also prescribed Lorazepam for anxiety and Haloperidol for agitation. However, staff documented Lorazepam as administered for agitation on 2/22/2025 and for pain on 3/20/2025. As a result, staff did not always administer or document the as-needed medications for the intended purposes.

**REPEAT VIOLATION ESTABLISHED.**

**[For reference, see SIR 2024A1011008 dated 4/25/2024, CAP dated 5/14/2024]**

**R 325.1953                      Menus.**

**(1) A home shall prepare and post the menu for regular and therapeutic or special diets for the current week.**

**Changes shall be written on the planned menu to show the menu as actually served.**

A review of the residents' prescribed diets showed that some required mechanical soft or pureed meals, but there was no weekly menu available for these specific diets, nor was the menu posted for that week.

**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.**

An interview with Employee #1 revealed that the home maintained a resident list detailing who received room trays for each meal. However, the records did not include information for all residents, personnel, and visitors served, nor did they specify the types and quantities of food provided.

**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.**

A review of the kitchen's water temperature and sanitizer test strip logs for the past three months showed that the temperature logs were blank from 3/18/2025 to 3/20/2025, and the sanitizer test strip logs were missing entries from 3/4/2025 to 3/20/2025. As a result, it could not be confirmed whether proper and adequate sanitization of dishware was carried out during this period.

**VIOLATION ESTABLISHED.**

**IV. RECOMMENDATION**

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

*Jessica Rogers*

03/21/2025

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Date

Licensing Consultant