



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

MARLON I. BROWN, DPA  
DIRECTOR

March 4, 2026

Douglas Backinger  
The Jackson Friendly Home  
435 W North St.  
Jackson, MI 49202

RE: License #: AH380236825  
The Jackson Friendly Home  
435 W North St.  
Jackson, MI 49202

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>	AH380236825
<b>Licensee Name:</b>	The Jackson Friendly Home
<b>Licensee Address:</b>	435 W North St. Jackson, MI 49202
<b>Licensee Telephone #:</b>	(517) 784-1377
<b>Authorized Representative:</b>	Douglas Backinger
<b>Administrator/Licensee Designee:</b>	Carrie Good
<b>Name of Facility:</b>	The Jackson Friendly Home
<b>Facility Address:</b>	435 W North St. Jackson, MI 49202
<b>Facility Telephone #:</b>	(517) 784-1377
<b>Original Issuance Date:</b>	02/28/2000
<b>Capacity:</b>	45
<b>Program Type:</b>	AGED

## II. METHODS OF INSPECTION

Date of On-site Inspection(s): 03/03/2026

Date of Bureau of Fire Services Inspection if applicable: 08/11/2025

Inspection Type:  Interview and Observation  Worksheet  
 Combination

Date of Exit Conference: 03/04/2026

No. of staff interviewed and/or observed 12

No. of residents interviewed and/or observed 25

No. of others interviewed 0 Role N/A

- 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.
- 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 9/10/2023 to Licensing Study Report (LSR) dated 8/24/2023: R 325.1932(2), R 325. 1974(1)
- Number of excluded employees followed up? Zero, as verified in the workforce background check account on date of survey. 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.**

**(3) Staff who supervise the administration of medication for residents who do not self-administer shall comply with all of the following:**

**(b) Complete an individual medication log that contains all of the following information:**

**(iii) Label instructions for use of the prescribed medication or any intervening order.**

**(v) The initials of the individual who administered the prescribed medication.**

**(vii) A record of the reason for administration of a prescribed medication that is on an as-needed basis.**

February 2026 Medication Administration Records (MARs) were reviewed for Residents A, B, C, and D.

Resident A:

The MAR indicated she was prescribed PRN Acetaminophen and Ibuprofen; however, the orders did not include a documented reason for administration or specific instructions for staff regarding use of either medication. Additionally, she was prescribed Tizanidine for back pain, but staff documented varying reasons for administration, including muscle spasms and general pain.

Resident B:

The MAR reflected that staff did not initial Ibuprofen as administered on 2/16/2026 at 2:00 PM or the Lidocaine patch on 2/23/2026. Staff circled the Lidocaine patch as withheld for the 8:00 AM application, yet initialed that the patch was removed at 8:00 PM on 2/17/2026, 2/19/2026, 2/24/2026, and 2/26/2026. She was prescribed PRN Hydrocodone; however, the order lacked a documented reason for administration. Hydrocodone is presumably intended for pain management, however, she was also prescribed PRN Ibuprofen, and both prn orders lacked specific administration instructions.

Resident C:

The MAR indicated she was prescribed Humalog insulin, to be administered as 6 units before breakfast, 4 units before lunch, and 2 units before dinner, in addition to a sliding scale. On 2/1/2026 at 11:30 AM, she received 8 units for a blood glucose reading of 411, though the baseline dose of 4 units plus sliding scale of 3 units indicated she should have received 7 units. Additionally, staff documentation was inconsistent, with some charting only the sliding scale dose and others documenting both the base dose and sliding scale dose.

Resident D:

The MAR reflected that staff administered 8 units of Humalog insulin on 2/2/2026 at 4:00 PM, which was not consistent with the sliding scale order. Staff circled the Lidocaine patch as withheld for the 8:00 AM application, yet initialed removal of the patch at 8:00 PM on 2/11/2026, 2/14/2026, 2/15/2026, 2/16/2026, 2/17/2026, 2/18/2026, 2/19/2026, 2/23/2026, 2/24/2026, and 2/26/2026. Furthermore, she was prescribed Metoprolol, one tablet by mouth daily for hypertension, with instructions to hold the medication if systolic blood pressure was less than 110 or heart rate was less than 60. The MAR indicated staff initialed the medication as administered on 2/2/2026, 2/3/2026, 2/7/2026, 2/13/2026, and 2/14/2026 despite documentation showing her heart rate was below 60 on those dates.

**REPEAT VIOLATION ESTABLISHED.**

**[For reference, see LSR dated 8/24/2023, CAP dated 9/10/2023]**

**R 325.1976            Kitchen and dietary.**

**(6) Food and drink used in the home shall be clean and wholesome and shall be manufactured, handled, stored, prepared, transported, and served so as to be safe for human consumption.**

Inspection of the refrigerator revealed meat that was expired. Inspection of the freezer identified muffins that were not labeled with a date. Many food items in both the refrigerators and freezers were marked with only the month and day. Additionally, some frozen items displayed two dates listing only the month and day, appeared to be expired, but according to the kitchen manager, may be stored for a longer period while frozen.

**VIOLATION ESTABLISHED.**

**R 325.1979            General maintenance and storage.**

**(3) Hazardous and toxic materials shall be stored in a safe manner.**

Inspection of the oxygen storage room found multiple oxygen tanks that were unsecured and stored without appropriate holders.

**VIOLATION ESTABLISHED.**

**IV. RECOMMENDATION**

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



03/04/2026

\_\_\_\_\_  
Date

Licensing Consultant