



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

MARLON I. BROWN, DPA  
DIRECTOR

March 4, 2026

Carrie Good  
John George Home  
1501 E Ganson Street  
Jackson, MI 49202

RE: License #: AH380236826  
John George Home  
1501 E Ganson Street  
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 home for the aged authorized representative and a date.

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,

A handwritten signature in cursive script that reads "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**

<b>License #:</b>	AH380236826
<b>Licensee Name:</b>	John George Home Inc.
<b>Licensee Address:</b>	Suite 301 113 W. Michigan Ave. Jackson, MI 49201
<b>Licensee Telephone #:</b>	(517) 789-8900
<b>Authorized Representative/ Administrator:</b>	Carrie Good
<b>Name of Facility:</b>	John George Home
<b>Facility Address:</b>	1501 E Ganson Street Jackson, MI 49202
<b>Facility Telephone #:</b>	(517) 783-4134
<b>Original Issuance Date:</b>	02/01/2000
<b>Capacity:</b>	46
<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: 07/01/2025

Inspection Type:  Interview and Observation  Worksheet  
 Combination

Date of Exit Conference: 03/04/2026

No. of staff interviewed and/or observed 10

No. of residents interviewed and/or observed 24

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 9/6/2023 to Licensing Study Report (LSR) dated 8/23/2023: R 325.1932(2)
- 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:**

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

**(vi) A record if the resident refuses to accept prescribed medication and notification as required in subdivision (c) of this subrule.**

**(c) Contact the appropriate licensed health care professional when the prescribed medication has not been administered in accordance with the label instruction, an order from a health care professional, medication log, or a service plan**

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

Resident A:

Additionally, blood glucose checks were ordered before breakfast, lunch, and dinner; however, the MAR listed blood sugar check times as 4:00 AM, 8:00 AM, 11:00 AM, 12:00 PM, 4:00 PM, and 8:00 PM which was not consistent with order and could not be determined when staff were expected to obtain the resident's blood glucose readings.

Resident B:

The MAR reflected two as-needed (PRN) orders for Extra Strength Tylenol (Acetaminophen) 500 mg every four hours as needed, making it unclear which order staff were to follow.

Residents C and D:

The MARs indicated both residents were prescribed ammonium cream and consistently refused the medication. In such cases, staff are expected to notify the physician and obtain further orders.

Both residents also had PRN Acetaminophen orders dated 8/2/2025 for 14 days; however, the orders did not include a documented stop date as written. Additionally, their PRN Ibuprofen orders require the physician to provide a written reason for administration.

If Residents C and D are to continue having both PRN Acetaminophen and PRN Ibuprofen available, specific instructions must be provided by the physician to clearly guide staff on which medication to administer for pain management.

Resident E:

The MAR indicated that Meclizine was prescribed on an as-needed basis; however, the order lacked for staff to know the reason for administration.

**REPEAT VIOLATION ESTABLISHED.**

**[For reference, see LSR dated 8/24/2023, CAP dated 9/6/2023]**

#### **IV. RECOMMENDATION**

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



03/04/2026

---

Licensing Consultant

Date