



STATE OF MICHIGAN
DEPARTMENT OF HUMAN SERVICES
BUREAU OF CHILDREN AND ADULT LICENSING



JENNIFER M. GRANHOLM
GOVERNOR

ISMAEL AHMED
DIRECTOR

August 3, 2010

Blue Heron Enterprises LLC
2957 Military St
Port Huron, MI 48060

RE: License #: AS740094136
Blue Heron House
2957 Military St
Port Huron, MI 48060

Dear Ms. Taylor:

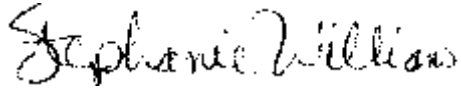
Attached is the Licensing Study Report for the facility referenced above. The violations cited in the report require the submission of a written corrective action plan. The corrective action plan is due 15 days from the date of this letter and must include the following:

- 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 licensee or licensee designee or home for the aged authorized representative and a date.

Upon receipt of an acceptable corrective plan, a regular license will be issued. If you fail to submit an acceptable corrective action plan, disciplinary action will result.

If you desire technical assistance in addressing these issues, please feel free to contact me with any questions. In the event that I am not available and you need to speak to someone immediately, you may contact the local office at (586) 228-2093.

Sincerely,

A handwritten signature in black ink that reads "Stephanie Williams". The signature is written in a cursive style with a large initial 'S'.

Stephanie A. Williams, Licensing Consultant
Bureau of Children and Adult Licensing
39531 Garfield
Clinton Township, MI 48038
(586) 228-3934

**MICHIGAN DEPARTMENT OF HUMAN SERVICES
BUREAU OF CHILDREN AND ADULT LICENSING
RENEWAL INSPECTION REPORT**

I. IDENTIFYING INFORMATION

License #:	AS740094136
Licensee Name:	Blue Heron Enterprises LLC
Licensee Address:	2957 Military St Port Huron, MI 48060
Licensee Telephone #:	(810) 985-4883
Licensee/Licensee Designee/Authorized Representative:	N/A
Administrator:	Linda Taylor
Name of Facility:	Blue Heron House
Facility Address:	2957 Military St Port Huron, MI 48060
Facility Telephone #:	(810) 985-4883
Original Issuance Date:	12/08/2000
Capacity:	6
Program Type:	AGED ALZHEIMERS TRAUMATICALLY BRAIN INJURED PHYSICALLY HANDICAPPED

II. METHODS OF INSPECTION

Date of On-site Inspection(s): 07/20/2010
Date of Fire Inspection: 07/20/2010
Date of Environmental/Health Inspection: 07/20/2010

Date of Exit Conference: 07/20/2010

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

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

MCL 400.734b	Employing or contracting with certain employees providing direct services to residents; prohibitions; criminal history check; exemptions; written consent and identification; conditional employment; use of criminal history record information; disclosure; failure to conduct criminal history check; automated fingerprint identification system database; report to legislature; costs; definitions.
	(2) Except as otherwise provided in subsection (6), an adult foster care facility shall not employ or independently contract with an individual who has direct access to residents after April 1, 2006 until the adult foster care facility conducts a criminal history check in compliance with subsections (4) and (5). This subsection and subsection (1) do not apply to an individual who is employed by or under contract to an adult foster care facility before April 1, 2006. Beginning April 1, 2009, an individual who is exempt under this subsection shall provide the department of state police a set of fingerprints and the department of state police shall input those fingerprints into the automated fingerprint identification system database established under subsection (12). An individual who is exempt under this subsection is not limited to working within the adult foster care facility with which he or she is employed by or under independent contract with on April 1, 2006. That individual may transfer to another adult foster care facility that is under the same ownership with which he or she was employed or under contract. If that individual wishes to transfer to an adult foster care facility that is not under the same ownership, he or she may do so provided that a criminal history check is conducted

	<p>by the new facility in accordance with subsection (4). If an individual who is exempt under this subsection is subsequently convicted of a crime or offense described under subsection (1)(a) to (g) or found to be the subject of a substantiated finding described under subsection (1)(i) or an order or disposition described under subsection (1)(h), or is found to have been convicted of a relevant crime described under subsection (1)(a), he or she is no longer exempt and shall be terminated from employment or denied employment.</p>
<p>During my on-site inspection and review of the records on 07/20/2010, I observed Staff Member 3 had been hired on 06/23/2007 however had not been fingerprinted as required.</p> <p>Please send copy that Staff Member 3 has been fingerprinted to me.</p>	
<p>R 400.14203</p>	<p>Licensee and administrator training requirements.</p>
	<p>(1) A licensee and an administrator shall complete the following educational requirements specified in subdivision (a) or (b) of this subrule, or a combination thereof, on an annual basis:</p> <p>(a) Participate in, and successfully complete, 16 hours of training designated or approved by the department that is relevant to the licensee's admission policy and program statement.</p> <p>(b) Have completed 6 credit hours at an accredited college or university in an area that is relevant to the licensee's admission policy and program statement as approved by the department.</p>
<p>During my on-site inspection and review of the records on 07/20/2010, I observed Ms. Taylor had not completed the required 16 hours of training for 2008 and 2009. Ms. Taylor completed 15.5 for 2008 and none for 2009.</p> <p>REPEAT VIOLATION ESTABLISHED: Licensing Study Renewal Report, 04/12/2006 and 06/20/2008. The corrective action plan signed by Ms. Taylor on 06/20/2008 stated that she would obtain required training hours needed as the administrator.</p>	
<p>R 400.14204</p>	<p>Direct care staff; qualifications and training.</p>
	<p>(3) A licensee or administrator shall provide in-service training or make training available through other sources to direct care staff. Direct care staff shall be competent before performing assigned tasks, which shall include being competent in all of the following areas:</p>

	<ul style="list-style-type: none"> (a) Reporting requirements. (b) First aid. (c) Cardiopulmonary resuscitation. (d) Personal care, supervision, and protection. (e) Resident rights. (f) Safety and fire prevention. (g) Prevention and containment of communicable diseases.
<p>During my on-site inspection and review of the records on 07/20/2010, I observed the following:</p> <ul style="list-style-type: none"> • Staff member 1's employee file did not contain training for Reporting requirements, Cardiopulmonary resuscitation, Personal care, supervision, and protection, resident rights, Safety and fire prevention, and prevention and containment of communicable diseases. • Staff member 2's employee file did not contain training for Reporting requirements, First aid, Cardiopulmonary resuscitation, Personal care, supervision, protection, Resident rights, Safety and fire prevention, and Prevention and containment of communicable diseases. • Staff member 3's employee file did not contain training for Reporting requirements, First aid, Cardiopulmonary resuscitation, Personal care, supervision, protection, Resident rights, Safety and fire prevention, and Prevention and containment of communicable diseases. <p>Please send copy of completed staff training to me.</p> <p>REPEAT VIOLATION ESTABLISHED: Licensing Study Renewal, 06/20/2008. A corrective action plan signed by Ms. Taylor stated that she would update employee's file to include required training by 06/30/2008.</p>	
<p>R 400.14205</p>	<p>Health of a licensee, direct care staff, administrator, other employees, those volunteers under the direction of the licensee, and members of the household.</p>
	<p>(4) A licensee shall provide the department with written evidence that he or she and the administrator have been tested for communicable tuberculosis and that if the disease is present, appropriate precautions shall be taken. The results of subsequent testing shall be verified every 3 years thereafter.</p>

<p>During my on-site inspection and review of the records on 07/20/2010, I observed that Ms. Taylor was last tested for communicable tuberculosis on 02/27/2006 and had not completed subsequent testing every 3 years as required.</p> <p>Please send me a copy of completed communicable tuberculosis testing.</p>	
R 400.14205	Health of a licensee, direct care staff, administrator, other employees, those volunteers under the direction of the licensee, and members of the household.
	(5) A licensee shall obtain written evidence, which shall be available for department review, that each direct care staff, other employees, and members of the household have been tested for communicable tuberculosis and that if the disease is present, appropriate precautions shall be taken as required by state law. Current testing shall be obtained before an individual's employment, assumption of duties, or occupancy in the home. The results of subsequent testing shall be verified every 3 years thereafter or more frequently if necessary.
<p>During my on-site inspection and review of the records on 07/20/2010, I observed that Staff Member 3 had been hired on 06/23/2007 and had not been tested for communicable tuberculosis as required before assumption of duties.</p> <p>Please send me a copy of completed communicable tuberculosis testing for Staff Member #3.</p>	
R 400.14205	Health of a licensee, direct care staff, administrator, other employees, those volunteers under the direction of the licensee, and members of the household.
	(6) A licensee shall annually review the health status of the administrator, direct care staff, other employees, and members of the household. Verification of annual reviews shall be maintained by the home and shall be available for department review.

During my on-site inspection and review of the records on 07/20/2010, I observed that Ms. Taylor, Staff Member 1, 2, and 3 did not have annual health reviews for 2009 as required. Annual health reviews were last completed in 06/16/2008.

Please send me a copy of completed annual health reviews for yourself and all employees.

R 400.14208

Direct care staff and employee records.

(1) A licensee shall maintain a record for each employee. The record shall contain all of the following employee information:
(e) Verification of experience, education, and training.

During my on-site inspection and review of the records on 07/20/2010, I observed Staff Member 1, 2 and 3 did not have verification of training in their employee's records.

R 400.14208

Direct care staff and employee records.

(1) A licensee shall maintain a record for each employee. The record shall contain all of the following employee information:
(f) Verification of reference checks.

During my on-site inspection and review of the records on 07/20/2010, I observed that Staff Member 1, 2, and 3 did not have verification of reference checks in their employee's file.

R 400.14301

Resident admission criteria; resident assessment plan; emergency admission; resident care agreement; physician's instructions; health care appraisal.

(4) At the time of admission, and at least annually, a written assessment plan shall be completed with the resident or the resident's designated representative, the responsible agency, if applicable, and the licensee. A licensee shall maintain a copy of the resident's written assessment plan on file in the home.

During my on-site inspection and review of the records on 07/20/2010, I observed that Resident A's assessment plan was last completed on 01/30/2007, Resident B's assessment plan was last completed on 07/16/2007 and Resident C's assessment plan was last completed on 10/05/2007. The assessment plans had not been completed annually as required.

Please update resident's assessment plans and place in their files.

R 400.14318	Emergency preparedness; evacuation plan; emergency transportation.
	(5) A licensee shall practice emergency and evacuation procedures during daytime, evening, and sleeping hours at least once per quarter. A record of the practices shall be maintained and be available for department review.
<p>During my on-site inspection and review of the records on 07/20/2010, I observed that there were no sleep time fire drills for the third and fourth quarters of 2008, no sleep time fire drills for 2009, and no sleep time fire drills for the first and second quarters for 2010.</p>	
R 400.14301	Resident admission criteria; resident assessment plan; emergency admission; resident care agreement; physician's instructions; health care appraisal.
	(9) A licensee shall review the written resident care agreement with the resident or the resident's designated representative and responsible agency, if applicable, at least annually or more often if necessary.
<p>During my on-site inspection and review of the records on 07/20/2010, I observed that Resident A, Resident B, and Resident C's resident care agreements were not reviewed annually and signed for 2009 as required.</p>	
R 400.14312	Resident medications.
	(1) Prescription medication, including dietary supplements, or individual special medical procedures shall be given, taken, or applied only as prescribed by a licensed physician or dentist. Prescription medication shall be kept in the original pharmacy-supplied container, which shall be labeled for the specified resident in accordance with the requirements of Act No. 368 of the Public Acts of 1978, as amended, being §333.1101 et seq. of the Michigan Compiled Laws, kept with the equipment to administer it in a locked cabinet or drawer, and refrigerated if required.
<p>During my on-site inspection and review of the records, I observed that Resident A was being given Fiber Powder, Aspirin 81 mg. and B-Complex Vitamins, and Resident C was being given Aspirin and Famotidin 20 mg. without a prescription by a licensed physician.</p>	

Please obtain required prescriptions and send me a copy once obtained.	
R 400.14401	Environmental health.
	(4) All garbage and rubbish that contains food wastes shall be kept in leak proof, nonabsorbent containers. The containers shall be kept covered with tight-fitting lids and shall be removed from the home daily and from the premises at least weekly.
During my on-site inspection of the facility on 07/20/2010, I observed that the kitchen's container did not have a tight fitting lid as required.	
R 400.14402	Food service.
	(3) All perishable food shall be stored at temperatures that will protect against spoilage. All potentially hazardous food shall be kept at safe temperatures. This means that all cold foods are to be kept cold, 40 degrees Fahrenheit or below, and that all hot foods are to be kept hot, 140 degrees Fahrenheit or above, except during periods that are necessary for preparation and service. Refrigerators and freezers shall be equipped with approved thermometers.
During my on-site inspection of the facility on 07/20/2010, I observed that the freezer located in the kitchen was not equipped with a thermometer as required.	
R 400.14403	Maintenance of premises.
	(5) Floors, walls, and ceilings shall be finished so as to be easily cleanable and shall be kept clean and in good repair.
During my on-site inspection of the facility on 07/20/2010, I observed the following:	
<ul style="list-style-type: none"> • The linoleum in the back hallway was cracked and peeling. • The entryway's step leading from the back hallway is separating. • Ceiling's paint in front entryway is peeling. • Ceiling in bedroom #3 has water damage. 	
Please make repairs and send copy of the repair bill that the repairs have been	

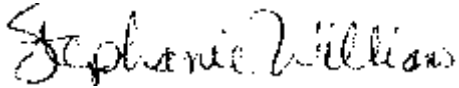
completed to me.	
R 400.14410	Bedroom furnishings.
	(2) A resident bedroom shall be equipped with a mirror that is appropriate for grooming.
During my on-site inspection of the facility on 07/20/2010, I observed that bedroom #3 did not have a mirror for grooming as required.	
R 400.14401	Environmental health.
	(7) Each habitable room shall have direct outside ventilation by means of windows, louvers, air-conditioning, or mechanical ventilation. During fly season, from April to November, each door, openable window, or other opening to the outside that is used for ventilation purposes shall be supplied with a standard screen of not less than 16 mesh.
During my on-site inspection of the facility on 07/20/2010, I observed that there were no standard screens located in the windows for bedroom #1. I also observed in the bathroom of bedroom#2 that the bathroom's window screen was torn.	
R 400.14306	Use of assistive devices.
	(1) Therapeutic supports shall be authorized, in writing, by a licensed physician. The authorization shall state the reason for the therapeutic support and the term of the authorization.
<p>During my on-site inspection of the facility on 07/20/2010, I observed that Resident D had bedrails. Ms. Taylor had obtained a prescription for the bedrails in 2008 however did not have an updated prescription for 2009 or 2010.</p> <p>Please obtain updated prescription for Resident D that obtains the reason for the therapeutic support and the term of the authorization and send me a copy.</p> <p>REPEAT VIOLATION ESTABLISHED: Licensing Study Renewal, 06/20/2008. A corrective action plan signed by Ms. Taylor on 06/20/2008 stated that a prescription would be obtained for the resident's bedrail.</p>	

Licensee was informed that, pursuant to MCL 400.713(3)(e), they are responsible for assessing the good moral character of any person who provides care for residents of this facility under the direction, or in the place of, the licensee. Licensee provided a description of their process to determine good moral character.

The licensee, at the time of this renewal inspection, was found to be in compliance with those rules related to the handling and accounting of resident funds and valuables. This determination is based on the financial information provided by the licensee for those resident files reviewed.

IV. RECOMMENDATION

Contingent upon receipt of an acceptable corrective action plan, renewal of the license is recommended.



08/03/2010

Stephanie A. Williams
Licensing Consultant

Date