



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
DIRECTOR

September 12, 2024

Abigail Hospice (473002) (1040000076)
C/O Michelle Teeter
2790 W Grand River Ste 100
Howell, MI 48843

SUBJECT: State Licensure Survey for Abigail Hospice

Dear Michelle Teeter:

A state licensure survey was conducted on September 9, 2024 at Abigail Hospice, located at 2790 W Grand River Ste 100 Howell, MI 48843.

Participants included:

- Michelle Teeter, Administrator
- Beth Martin, Director of Clinical Services
- Elizabeth Moncman, RN, State Health Care Surveyor, LARA-BCHS

During the survey the following deficiencies were noted:

MCL 333.20173a Criminal Background Check and Fingerprinting

The agency was unable to produce a Michigan Workforce Background Check on the medical director.

On September 20, 2024, the agency submitted a Michigan Workforce Background Check for the medical director. This was reviewed by the surveyor and is accepted as compliance. This will be verified on the next survey.

R 325.45123 Governing body

The agency was unable to access documentation from governing body at the time of the survey.

On September 19, 2024, the agency submitted documentation from the governing body during a TEAMS call. This documentation was reviewed by the surveyor and is accepted as compliance. This will be verified on the next survey.

R 325.45135 Infection prevention and control policies and procedures

The agency was unable to provide the following required infection control policies

- (2)(b) Use of personal protective equipment
- (2)(c) Respiratory hygiene and cough etiquette
- (3)(a) Contact precautions
- (3)(b) Droplet precautions
- (3)(c) Airborne Precautions
- (3)(d) Multi-route transmission-based precautions
- (4)(d) Screening for and management of patients infested with ectoparasite

On September 19, 2024, the agency submitted all required infection control policies during a TEAMS call. This documentation was reviewed by the surveyor and is accepted as compliance. This will be verified on the next survey.

R 325.45137 Ongoing surveillance and prevention program; communicable disease reporting

The agency was unable to access documentation from infection control surveillance at the time of the survey.

On September 19, 2024, the agency submitted all required infection control surveillance data during a TEAMS call. This documentation was reviewed by the surveyor and is accepted as compliance. This will be verified on the next survey.

R 325.45139 Personnel; communicable disease screening; immunization; mitigation

The agency did not provide evidence of evaluation of the immune state of personnel for vaccine preventable diseases.

On September 19, 2024, the agency submitted updated policies for evaluation of immunization status of personnel. This was reviewed by the surveyor and is accepted as compliance for this rule. This will be verified on the next survey.

R 325.45139(2) Personnel; communicable disease screening; immunization; mitigation

The agency did not have valid chest x-ray results for the medical director for communicable disease screening of TB.

On September 19, 2024, the agency submitted a negative TB screening for the medical director. This was reviewed by the surveyor and is accepted as compliance for this rule. This will be verified on the next survey.

R 325.45141 Infection control education and training

The agency was unable to provide documentation of annual infection control training for staff.

On September 19, 2024, the agency submitted required infection control training for staff during a TEAMS call. This documentation was reviewed by the surveyor and is accepted as compliance. This will be verified on the next survey.

R 325.45143 Infection prevention and control program; quality assurance and performance improvement

The agency was unable to provide documentation of integration of infection control into the quality assurance and performance improvement program.

On September 19, 2024, the agency submitted all required infection control integration into quality assurance and performance improvement during a TEAMS call. This documentation was reviewed by the surveyor and is accepted as compliance. This will be verified on the next survey.

R 325.45157(1) Emergency preparedness training and testing program

The agency was unable to provide documentation of annual emergency preparedness training for staff.

On September 19, 2024, the agency submitted required emergency preparedness training for staff during a TEAMS call. This documentation was reviewed by the surveyor and is accepted as compliance. This will be verified on the next survey.

R 325.45157(2) Emergency preparedness training and testing program

The agency was unable to provide documentation of two annual exercises of its emergency response plan.

On September 19, 2024, the agency submitted plans to add an additional emergency preparedness exercise within the month. This was reviewed by the surveyor and is accepted as compliance for this rule. This will be verified on the next survey.

R 325.45159 Medical audit; utilization review; document access

The agency was unable to access quality records that included audits of patient charts and utilization review during the survey.

On September 19, 2024, the agency submitted required documentation for chart audits during a TEAMS call. This documentation was reviewed by the surveyor and is accepted as compliance. This will be verified on the next survey.

R 325.45161 Quality assessment and performance improvement program

The agency was unable to access documentation demonstrating an active quality assessment and performance improvement program during the time of the survey.

On September 19, 2024, the agency submitted required documentation demonstrating an effective quality assessment and performance improvement program during a TEAMS call. This documentation was reviewed by the surveyor and is accepted as compliance. This will be verified on the next survey.

R 325.45165 Performance improvement initiatives; indicators

The agency was unable to access documentation containing program improvement projects during the time of the survey.

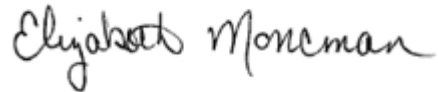
On September 19, 2024, the agency submitted required documentation for performance improvement initiatives during a TEAMS call. This documentation was reviewed by the surveyor and is accepted as compliance. This will be verified on the next survey.

R 325.45185 Credentialing; clinical privileges; policy; procedure; record

The agency was unable to produce records of staff members education including, medical director, director of nursing, and nurses.

On September 19, 2024, the agency submitted required records of staff education, and process for obtaining education records for new staff members. This was reviewed by the surveyor and is accepted as compliance for this rule. This will be verified on the next survey.

Based on the state hospice licensure survey findings, it was determined Abigail Hospice is now in compliance with The Michigan Public Health Code, Act 368 of 1978, Article 17 Part 201 General Provisions (MCL 333.20101 through 333.20211); Part 214 Hospice Agencies and Residences (MCL 333.21401 through 333.21418); and/or the Michigan Administrative Rules for Licensing Health Facilities or Agencies R325.45101 through R325.45323 and R325.45345 through R325.45367.

A handwritten signature in black ink that reads "Elizabeth Moncman". The signature is written in a cursive, flowing style.

Elizabeth Moncman, MPH, BSN, RN, CIC

Health Care Surveyor

Non-Long-Term-Care State Licensing Section

Health Facility Licensing, Permits, and Support Division

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