



RICK SNYDER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

SHELLY EDGERTON
DIRECTOR

November 13, 2017

Mr. and Mrs. Munyabera
14820 32nd St
Gobles, MI 49055

RE: License #: AF800093261
Pinegrove AFC
14820 32nd St
Gobles, MI 49055

Dear Mr. and Mrs. Munyabera:

Attached is the Renewal Licensing Study Report for the facility referenced above. You have submitted an acceptable written corrective action plan addressing the violations cited in the report. To verify your implementation and compliance with this corrective action plan please complete the following:

By December 11, 2017, you will complete a fire drill during sleeping hours and submit the information to the licensing consultant. You will also develop an alternating schedule for all future fire drills ensuring the correct number of fire drills occur during sleeping hours. Both licensees will obtain a negative TB test and submit the documentation to the licensing consultant. The licensees will obtain an updated AFC Assessment Plan and Resident Care agreement with all the appropriate signatures for the resident that was missing them. These documents will be placed in the resident's file for future reference. Each resident shall also have updated Resident Funds Part II forms in their files to reflect the funds and valuables provided to the facility on their behalf.

The study has determined substantial compliance with applicable licensing statutes and administrative rules. Therefore, your license is renewed. It is valid only at your present address and is nontransferable.

Please 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 (517) 284-9720.

Sincerely,

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

Cathy Cushman, Licensing Consultant
Bureau of Community and Health Systems
322 E. Stockbridge Ave
Kalamazoo, MI 49001
(269) 615-5190

**MICHIGAN DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
BUREAU OF COMMUNITY AND HEALTH SYSTEMS
RENEWAL INSPECTION REPORT**

I. IDENTIFYING INFORMATION

License #: AF800093261

Licensee Name: Charlotte Munyabera and Metuschelah
Munyabera

Licensee Address: 14820 32nd St
Gobles, MI 49055

Licensee Telephone #: (269) 628-7531

Licensee/Licensee Designee: N/A

Administrator: N/A

Name of Facility: Pinegrove AFC

Facility Address: 14820 32nd St
Gobles, MI 49055

Facility Telephone #: (269) 628-0309

Original Issuance Date: 10/04/2000

Capacity: 6

Program Type: AGED
DEVELOPMENTALLY DISABLED
MENTALLY ILL

II. METHODS OF INSPECTION

Date of On-site Inspection(s): 11/09/2017

Date of Bureau of Fire Services Inspection if applicable: N/A

Date of Health Authority Inspection if applicable: N/A

Inspection Type: Interview and Observation Worksheet
 Combination Full Fire Safety

No. of staff interviewed and/or observed 2

No. of residents interviewed and/or observed 4

No. of others interviewed [redacted] Role: [redacted]

- Medication pass / simulated pass observed? Yes No If no, explain.
- Medication(s) and medication record(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.
- Fire safety equipment and practices observed? Yes No If no, explain.
- E-scores reviewed? (Special Certification Only) Yes No N/A If no, explain.
- Water temperatures checked? Yes No If no, explain.
- Incident report follow-up? Yes No If no, explain.
- Corrective action plan compliance verified? Yes CAP date/s and rule/s: N/A
- Number of excluded employees followed-up? N/A
- Variances? Yes (please explain) No N/A

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

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

R 400.1405 **Health of a licensee, responsible person, and member of the household.**

(3) A licensee shall provide the department with written evidence that he or she and each responsible person in the home is free from communicable tuberculosis. Verification shall be within the 3-year period before employment and verification shall occur every 3 years thereafter.

Neither licensee had proof of a negative TB test within the last three years.

R 400.1407 **Resident admission and discharge criteria; resident assessment plan; resident care agreement; house guidelines; fee schedule; physician's instructions; health care appraisal.**

(2) A licensee shall not accept or retain a resident for care unless and until a resident assessment plan is made and it is determined that the resident is suitable pursuant to the following provisions:

(a) The amount of personal care, supervision, and protection required by the resident is available in the home.

(b) The kinds of services and skills required of the home to meet the resident's needs are available in the home.

(c) The resident appears to be compatible with other residents and members of the household.

One resident did not have an AFC Assessment Plan in his file.

R 400.1407 **Resident admission and discharge criteria; resident assessment plan; resident care agreement; house guidelines; fee schedule; physician's instructions; health care appraisal.**

(5) At the time of a resident's admission, a licensee shall complete a written resident care agreement which shall be established between the resident or the resident's

designated representative, the responsible agency, and the licensee. A department form shall be used unless prior authorization for a substitute form has been granted in writing by the department. A resident shall be provided the care and services as stated in the written resident care agreement.

One resident did not have a Resident Care Agreement in his file.

R 400.1421 Handling of resident funds and valuables.

(3) A licensee shall have a resident's funds and valuables transaction form completed and on file for each resident. A department form shall be used unless prior authorization for a substitute form has been granted in writing by the department.

The Funds Part II form was not updated for any of the residents.

R 400.1438 Emergency preparedness; evacuation plan; emergency transportation.

(4) Fire drills shall be conducted 4 times a year. Two of the 4 required fire drills shall be conducted during sleeping hours. A record of the fire drills shall be incorporated with the evacuation plan.

Only one fire drill had been completed at night during sleeping hours for the year when two need to be completed during sleeping hours.

A corrective action plan was requested and approved on 11/09/2017. It is expected that the corrective action plan be implemented within the specified time frames as outlined in the approved plan. A follow-up evaluation may be made to verify compliance. Should the corrections not be implemented in the specified time, it may be necessary to reevaluate the status of your license.

IV. RECOMMENDATION

An acceptable corrective action plan has been received. Renewal of the license is recommended.

Cathy Cushman

11/13/2017

Licensing Consultant

Date