



RICK SNYDER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

SHELLY EDGERTON
DIRECTOR

March 26, 2018

Nancy Harns
Williamston Compassionate Care, LLC
3800 Vanneter Rd
Williamston, MI 48895

RE: License #: AM330380484
Williamston Compassionate Care, LLC
3800 Vanneter Rd
Williamston, MI 48895

Dear Ms. Harns:

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:

- You are to submit a Statement of Correction.

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 cursive script that reads "Derrick L. Britton".

Derrick Britton, Licensing Consultant
Bureau of Community and Health Systems
611 W. Ottawa Street
P.O. Box 30664
Lansing, MI 48909
(517) 284-9721

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

I. IDENTIFYING INFORMATION

License #: AM330380484

Licensee Name: Williamston Compassionate Care, LLC

Licensee Address: 3800 Vanneter Rd
Williamston, MI 48895

Licensee Telephone #: (517) 204-2480

Licensee/Licensee Designee: Nancy Harns, Designee

Administrator: Nancy Harns

Name of Facility: Williamston Compassionate Care, LLC

Facility Address: 3800 Vanneter Rd
Williamston, MI 48895

Facility Telephone #: (517) 204-2480

Original Issuance Date: 03/25/2016

Capacity: 12

Program Type: ALZHEIMERS
AGED

II. METHODS OF INSPECTION

Date of On-site Inspection(s): 03/22/2018

Date of Bureau of Fire Services Inspection if applicable: 02/06/2018

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 5

No. of others interviewed 1 Role: Licensee

- 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:
12/28/16: as 305(3), as312(1), as 312(4)(b), as311(5). 5/30/17: as305(3), as
303(2), as303(1) N/A
- Number of excluded employees followed-up? Yes 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 400.14205 Health of a licensee, direct care staff, administrator, other employees, those volunteers under the direction of the licensee, and members of the household.

(2) A licensee shall have, on file with the department, a statement that is signed by a licensed physician or his or her designee attesting to the physician's knowledge of the physical health of the licensee and administrator. The statement shall be signed within 6 months before the issuance of a temporary license and at any other time requested by the department.

Licensee did not have current health statement acknowledging physical health status.

R 400.14306 Use of assistive devices.

(3) 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.

Therapeutic supports are not authorized in writing by physician for any resident.

R 400.14316 Resident records.

(1) A licensee shall complete, and maintain in the home, a separate record for each resident and shall provide record information as required by the department. A resident record shall include, at a minimum, all of the following information:
(i) Resident funds and valuables record and resident refund agreement.

Resident valuables not recorded.

R 400.14401 Environmental health.

(6) Poisons, caustics, and other dangerous materials shall be stored and safeguarded in nonresident areas and in non-food preparation storage areas.

Cleaning supplies were stored and unlocked in the kitchen underneath the sink.

A corrective action plan was requested and approved on 03/22/2018. 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

Choose one:

I recommend issuance of a regular license to this AFC adult medium group home (capacity 7-12).



03/26/2018

Derrick Britton
Licensing Consultant

Date