



RICK SNYDER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

SHELLY EDGERTON
DIRECTOR

October 3, 2018

Carol Dalson
3475 E. Tyler
Twin Lake, MI 49457

RE: License #:	AF610263945 Paul's Place AFC 3475 E. Tyler Twin Lake, MI 49457
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Dear Ms. Dalson:

Attached is the Licensing Study Report for the above referenced facility. The study has determined substantial compliance with applicable licensing statutes and rules. Your license is renewed. It is valid only at your present address and is nontransferable.

Please contact me with any questions. If I am not available and you need to speak to someone immediately, you may contact the local office at (616) 356-0100.

Sincerely,

Elizabeth Elliott, Licensing Consultant
Bureau of Community and Health Systems
Unit 13, 7th Floor
350 Ottawa, N.W.
Grand Rapids, MI 49503
(616) 901-0585

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

I. IDENTIFYING INFORMATION

License #:	AF610263945
Licensee Name:	Carol Dalson
Licensee Address:	3475 E. Tyler Twin Lake, MI 49457
Licensee Telephone #:	(231) 744-5336
Licensee/Licensee Designee:	N/A
Administrator:	N/A
Name of Facility:	Paul's Place AFC
Facility Address:	3475 E. Tyler Twin Lake, MI 49457
Facility Telephone #:	(231) 744-5336
Original Issuance Date:	04/05/2004
Capacity:	6
Program Type:	PHYSICALLY HANDICAPPED DEVELOPMENTALLY DISABLED MENTALLY ILL AGED

II. METHODS OF INSPECTION

Date of On-site Inspection(s): 10/01/2018

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

Date of Health Authority Inspection if applicable: 06/27/2018

Inspection Type: Interview and Observation Worksheet
 Combination Full Fire Safety

No. of staff interviewed and/or observed 0

No. of residents interviewed and/or observed 1

No. of others interviewed 1 Role: Licensee

- Medication pass / simulated pass observed? Yes No If no, explain.
At the time of the renewal, medications were not being passed. I conducted an inspection of the resident MAR and medication at the facility.
- 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.
At the time of the inspection, a meal was not being prepared. I conducted an inspection of the food to be prepared for resident meals at the facility.
- 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 400.1404	Licensee, responsible person, and member of the household; qualifications.
	(3) A licensee or responsible person shall possess all of the following qualifications: (b) Be suitable to meet the physical, emotional, social, and intellectual needs of each resident.
<p>Finding: The responsible person, Cheryl Nickelson does not have a background check on file at the facility for department review.</p> <p>Licensee Response: Carol Dalson stated she will complete the background check through the Workforce Background Check website and by submitting a BCHS-AFC 100 form. Ms. Dalson will have this on file at the facility for department review by 10/31/2018.</p>	
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.
<p>Finding: The responsible person, Cheryl Nickelson does not have an updated TB test and results on file at the facility for department review.</p> <p>Licensee Response: Ms. Dalson will have a TB test and results on file at the facility for department review by 10/31/2018.</p>	
<p>A corrective action plan was requested and approved on 10/01/2018. 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.</p>	

IV. RECOMMENDATION

I recommend issuance of a regular license to this AFC adult family home (capacity 6).



10/03/2018

Elizabeth Elliott
Licensing Consultant

Date