



RICK SNYDER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

SHELLY EDGERTON  
DIRECTOR

August 1, 2018

Christopher McCoy  
108 West Street  
Battle Creek, MI 49017

RE: License #: AM130095549  
**Rhema Home AFC**  
**108 West Street**  
**Battle Creek, MI 49017**

Dear Mr. McCoy:

Attached is the Renewal 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.

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,



Michele Streeter, Licensing Consultant  
Bureau of Community and Health Systems  
322 E. Stockbridge Ave  
Kalamazoo, MI 49001  
(269) 251-9037

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

**I. IDENTIFYING INFORMATION**

<b>License #:</b>	AM130095549
<b>Licensee Name:</b>	Christopher McCoy
<b>Licensee Address:</b>	108 West Street Battle Creek, MI 49017
<b>Licensee Telephone #:</b>	(269) 209-0273
<b>Licensee Designee:</b>	N/A
<b>Administrator:</b>	Christopher McCoy
<b>Name of Facility:</b>	Rhema Home AFC
<b>Facility Address:</b>	108 West Street Battle Creek, MI 49017
<b>Facility Telephone #:</b>	(269) 339-3714
<b>Original Issuance Date:</b>	01/10/2003
<b>Capacity:</b>	7
<b>Program Type:</b>	DEVELOPMENTALLY DISABLED MENTALLY ILL

## II. METHODS OF INSPECTION

Date of On-site Inspection(s): 07/31/2018

Date of Bureau of Fire Services Inspection if applicable: 09/21/2017

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 1

No. of residents interviewed and/or observed 3

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:  
03/12/2018: 309(1), 302(4), 304(1)(p), 304(2), 313(1), 311(1)(c), 301(4), 301(9)  
08/08/2016: 301(4)(6)(b), 312(1)(2)(4)(d)(e), 313(4), 401(7), 510(4), 402(4)(5)  
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 400.14204                      Direct care staff; qualifications and training.**

(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:

- (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.

***FINDING: In addition to the licensee, the facility employs two direct care workers. Upon review of employee records it was established that there was no documentation verifying that one direct care worker had received training in the areas of Personal Care, Supervision and Protection, Resident Rights and Safety and Fire Prevention. There was no documentation verifying that the other direct care worker had received training in the areas of Reporting Requirements, First aid, CPR, and Prevention and Containment of Communicable diseases.***

**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.**

(3) A licensee shall maintain, in the home, and make available for department review, a statement that is signed by a licensed physician or his or her designee attesting to the knowledge of the physical health of direct care staff, other employees, and members of the household. The statement shall be obtained within 30 days of an individual's employment, assumption of duties, or occupancy in the home.

***FINDING: It was established that there were no written statements on file, signed by a licensed physician or his/her designee, attesting to the knowledge of the physical health of the facility's two employees.***

**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.

***FINDING: Documentation regarding employee TB testing indicated that testing was conducted more than 3 years ago.***

**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.

***FINDING: It was established that the licensee did not review the health status of both employees annually.***

**R 400.14307 Resident behavior interventions generally.**

(3) A licensee and direct care staff who are responsible for implementing the resident's written assessment plan shall be trained in the applicable behavior intervention techniques.

***FINDING: It was established that one employee did not receive training in Behavior Intervention Techniques.***

**R 400.14319 Resident transportation.**

When a home provides transportation for a resident, the licensee shall assure all of the following:

(b) That a vehicle carries a basic first aid kit.

***FINDING: Direct care workers transport residents to appointments if necessary. It has been established that there was no first aid kit available in the car used to transport residents.***

**R 400.14403 Maintenance of premises.**

(1) A home shall be constructed, arranged, and maintained to provide adequately for the health, safety, and well-being of occupants.

***FINDING: The enclosed 2<sup>nd</sup> floor stairway to grade had debris falling off the walls and ceiling. There also appeared to be a blackish colored mold forming on the walls and ceiling.***

**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.

***FINDING: Areas of the wall located around the sink and the shower in one of the resident bathrooms located on the 2<sup>nd</sup> floor needs repair. This same bathroom has walls with peeling wallpaper and a few floor tiles that require repair or replacement.***

#### **IV. RECOMMENDATION**

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

*Michele Streeter*

08/01/2019

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Michele Streeter  
Licensing Consultant

Date