



RICK SNYDER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

SHELLY EDGERTON  
DIRECTOR

December 3, 2018

Margarito Martinez  
5565 E. Peck Rd.  
Crosswell, MI 48422

RE: License #: AL760287996  
**Martinez Manor**  
**5565 E. Peck Rd**  
**Crosswell, MI 48422**

Dear Mr. Martinez:

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.
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- Who is directly responsible for implementing the corrective action for each violation.
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- Specific dates for each violation as to when the correction will be completed or implemented.
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- 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,

*Kathryn A. Huber*

Kathryn A. Huber, Licensing Consultant  
Bureau of Community and Health Systems  
411 Genesee  
P.O. Box 5070  
Saginaw, MI 48605  
(989) 293-3234

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

**I. IDENTIFYING INFORMATION**

<b>License #:</b>	AL760287996
<b>Licensee Name:</b>	Margarito Martinez
<b>Licensee Address:</b>	5565 E. Peck Rd. Croswell, MI 48422
<b>Licensee Telephone #:</b>	(810) 633-9227
<b>Licensee/Licensee Designee:</b>	N/A
<b>Administrator:</b>	Margarito Martinez
<b>Name of Facility:</b>	Martinez Manor
<b>Facility Address:</b>	5565 E. Peck Rd Croswell, MI 48422
<b>Facility Telephone #:</b>	(810) 679-0226
<b>Original Issuance Date:</b>	04/30/2008
<b>Capacity:</b>	15
<b>Program Type:</b>	PHYSICALLY HANDICAPPED DEVELOPMENTALLY DISABLED MENTALLY ILL AGED

**II. METHODS OF INSPECTION**

Date of On-site Inspection(s): 11/28/2018

Date of Bureau of Fire Services Inspection if applicable: 03/23/2018, 11/20/2018

Date of Health Authority Inspection if applicable:

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 11  
No. of others interviewed 0 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.  
The inspection was completed after lunch had been served.
- 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:  
Renewal inspection 11/22/2016, Rules 400.15313(4) and 400.15403(1). 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 400.15201            Qualifications of administrator, direct care staff, licensee, and members of the household; provision of names of employee, volunteer, or member of the household on parole or probation or convicted of felony; food service staff.**

**(10) All members of the household, employees, and those volunteers who are under the direction of the licensee shall be suitable to assure the welfare of residents.**

A medical clearance had not been completed on a household member.

**R 400.15203            Licensee and administrator training requirements.**

**(1) A licensee and an administrator shall complete the following educational requirements specified in subdivision (a) or (b) of this subrule, or a combination thereof, on an annual basis:**

**(a) Participate in, and successfully complete, 16 hours of training designated or approved by the department that is relevant to the licensee's admission policy and program statement.**

Licensee Margarito Martinez completed 4 hours of training in 2017 and had not completed any training in 2018.

Repeat Violation Renewal Inspection completed 11/22/2016.

**R 400.15205            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 physician's 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.**

A medical clearance was not completed within 30 days of the household member's employment.

**R 400.15205 Health of a licensee, direct care staff, administrator, other employees, those volunteers under the direction of the licensee, and members of the household.**

(4) A licensee shall provide the department with written evidence that he or she and the administrator have been tested for communicable tuberculosis and that if the disease is present, appropriate precautions shall be taken. The results of subsequent testing shall be verified every 3 years thereafter.

Licensee Margarito Martinez did not have a current tuberculin test.

**R 400.15205 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.

The household member did not have a current tuberculin test.  
**Repeat Violation Renewal Inspection completed 11/22/2016.**

**R 400.15313 Resident nutrition.**

(6) Records of menus, including special diets, shall be kept by the licensee for 1 calendar year.

Menus were not kept for 1 calendar year.

**R 400.15401 Environmental health.**

(2) Hot and cold running water that is under pressure shall be provided. A licensee shall maintain the hot water temperature for a resident's use at a range of 105 degrees Fahrenheit to 120 degrees Fahrenheit at the faucet.

The hot water measured 122 degrees Fahrenheit. Licensee Margarito Martinez turned it down when the inspection was conducted.

**R 400.15410      Bedroom furnishings.**

(1)(d) At least 1 chair.

One bedroom did not have a chair.

**IV. RECOMMENDATION**

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



12/03/2018

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Kathryn A. Huber  
Licensing Consultant

Date