



RICK SNYDER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

SHELLY EDGERTON
DIRECTOR

January 15, 2019

Faith Giplaye
Acare Human Services, Inc.
3210 Eastern Ave. S.E.
Grand Rapids, MI 49508

RE: License #: AM410394626
Investigation #: 2019A0357006
Acare Home

Dear Mrs. Giplaye:

Attached is the Special Investigation Report for the above referenced facility. Due to the violations identified in the report, a written corrective action plan is required. The corrective action plan is due 15 days from the date of this letter and must include the following:

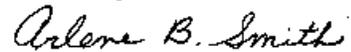
- How compliance with each rule will be achieved.
- Who is directly responsible for implementing the corrective action for each violation.
- Specific time frames for each violation as to when the correction will be completed or implemented.
- Indicate how continuing compliance will be maintained once compliance is achieved.
- Be signed and dated.

A six-month provisional license is recommended. If you do not contest the issuance of a provisional license, you must indicate so in writing; this may be included in your corrective action plan or in a separate document. If you contest the issuance of a provisional license, you must notify this office in writing and an administrative hearing will be scheduled. Even if you contest the issuance of a provisional license, you must still submit an acceptable corrective action plan.

If you desire technical assistance in addressing these issues, please contact me. In any event, the corrective action plan is due within 15 days.

Please review the enclosed documentation for accuracy and contact me with any questions. In the event that I am not available, and you need to speak to someone immediately, please contact the local office at (616) 356-0100.

Sincerely,



Arlene B. Smith, Licensing Consultant
Bureau of Community and Health Systems
Unit 13, 7th Floor
350 Ottawa, N.W.
Grand Rapids, MI 49503
(616) 916-4213

enclosure

**MICHIGAN DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
BUREAU OF COMMUNITY AND HEALTH SYSTEMS
SPECIAL INVESTIGATION REPORT**

I. IDENTIFYING INFORMATION

License #:	AM410394626
Investigation #:	2019A0357006
Complaint Receipt Date:	12/21/2018
Investigation Initiation Date:	12/21/2018
Report Due Date:	02/19/2019
Licensee Name:	Acare Human Services, Inc.
Licensee Address:	3210 Eastern Ave. S.E. Grand Rapids, MI 49508
Licensee Telephone #:	(616) 204-4651
Administrator:	Faith Giplaye
Licensee Designee:	Faith Giplaye
Name of Facility:	Acare Home
Facility Address:	2720 44th St. SE Kentwood, MI 49512
Facility Telephone #:	(616) 204-4651
Original Issuance Date:	07/11/2018
License Status:	TEMPORARY
Effective Date:	07/11/2018
Expiration Date:	01/10/2019
Capacity:	12
Program Type:	DEVELOPMENTALLY DISABLED MENTALLY ILL, AGED TRAUMATICALLY BRAIN INJURED

II. ALLEGATION(S)

	Violation Established?
A Fire Safety Report dated 12/12/2018 with a “disapproval” rating was received.	Yes

III. METHODOLOGY

12/21/2018	Special Investigation Intake 2019A0357006
12/21/2018	Special Investigation Initiated - Telephone telephoned the Licensee Designee.
12/21/2018	Contact - Document Received I received an Inspection Report from the Fire Marshal Division, Fire Marshal, Brian Sherman, and he gave a "Disapproved," on the report dated 12/12/2018.
12/26/2018	Contact – Telephone call received From Mr. Hans Giplaye.
12/26/2018	Contact – Document Received Letter From Faith Giplaye and Hans Giplaye.
01/07/2019	Reviewed the Inspection Report, by Fire Marshall, Brian Sherman, Dated 10/08/2018.
01/15/2019	Conducted a telephone exit conference by telephone with Faith Giplaye, the Licensee Designee.

ALLEGATION: A Fire Safety Report dated 12/12/2018 with a “disapproval” rating was received.

INVESTIGATION: On 12/12/2019, I received a telephone call from Mr. Sherman and he stated that he found the home did not have non-locking against egress locks on several resident bedroom and other doors. He indicated that he would be issuing his report with a “D” (Disapproval) rating for the facility’s fire inspection.

Background information: Mr. Hans Giplaye had telephoned me right after the annual inspection about or around October 8, 2018, and he stated he would have the locks on the doors changed that very evening. When I spoke with Mr. Sherman on 12/12/2018, Mr. Sherman stated that Mr. Giplaye had told him the same information, that the locks would be changed that evening. Mr. Sherman stated that Mr. Giplaye

had not called him since the 10/08/2018 inspection to clarify what he had to do. Mr. Sherman stated that Mr. Giplaye has been given plenty of time to make the corrections noted in Mr. Sherman's Inspection Report dated 10/08/2018, with the Inspection Report that stated issuance of a "Temporary Until 11/30/2018."

On 12/21/2018, I received the Inspection Report, Department of Licensing and Regulatory Affairs, Bureau of Fire Services, Fire Marshal Division. The inspection was on 12/12/2018. The Report read as follows:

"SPECIAL FIRE SAFETY CONCERNS: Due to uncorrected deficiencies from the Annual Inspection conducted on October 8th, 2018, the facility is disapproved for fire safety until deficiencies noted below are corrected. Please notify this office when corrections are completed so that an additional recheck inspection can be scheduled.

- 1- Means of egress shall be continuously maintained free of all obstructions or impediments to full instant use in the case of fire or other emergency. Seasonal obstructions such as ice and snow shall not impede safe passage away from the facility to a point of safety. Rule 108; 7.1.10.1.

Inspectors Comments:

All resident doors lock against egress.
Basement bathroom door locks against egress.
Basement SE Exit locks against egress.

- 2- The adult foster care facility or designated representative shall ensure that the electrical wiring and equipment, including an emergency electrical supply if installed, is installed in compliance with the provisions of NFPA 70, as adopted in Chapter 2.2, as amended by and available as specified in R 400/1`81`02. Rule 108; 9.1.2.1.

Inspectors Comments:

Basement apartment has a 3 plug multi adapter in use.

- 3- All automatic sprinkler and standpipe systems shall be inspected, tested, and maintained in accordance with NFPA 25. 9.7.5.

Inspector's Comments:

Fire door to laundry room sticks on floor and will not close.
Fire door to laundry room latch does not operate correctly. "

On 12/21/2018, I spoke by telephone with Ms. Faith Giplaye, the Licensee Designee. She stated that she would speak to her husband concerning the door locks and the other changes and/or repairs that had been cited the inspection report.

On 12/26/2018, I received a telephone call from Hans Giplaye. He explained all that he had done to the locks. I asked him to put in writing what he was explaining to me.

On 12/26/2018, I received an unsigned faxed letter from Faith and Hans Giplaye. The letter stated in part: "When Acare Homes took over 44th street home all the door knobs were none [sic] locking without the privacy lock from the inside. However, during CMH first inspection visit they wanted all locks to residents [sic] room/space needed to have a privacy lock door knobs [sic]. So, all door knob was changed to pass CMH inspection. When the State fire Marshall Show up for inspection November 2018, he wanted all door knobs changed to none [sic] locking egress door knobs." His letter explained that he had searched at Home Depot, and Goodwin Hardware and "no one in the store knew what "at [sic] egress door knob was." His letter stated that they tried calling the fire Marshall for an explanation but there was no answer. So, they gave Mr. Giplaye, what they believed to be the right knobs and he changed all door knobs along with two other violations. The letter went on to explain that in December, when the Fire Marshall returned for a follow up inspection, the inspector stated those door knobs where still the wrong door knobs and "fail" the home in the fire inspection. Subsequent to the inspection, the door knobs were reportedly replaced again, this time according to Mr. Giplaye, with the proper hardware.

On 01/07/2019, I reviewed the Inspection Report, by Fire Marshall, Brian Sherman, dated 10/08/2018. The same rule, Rule 108;7.1.10.1, was recorded in the 12/12/2018 report, as well as the same comments. Mr. Sherman also recorded rule 400.18102 and 108; 9.1.2.1 with the same comments. This report recorded NFPA 70 and NFPA 72. 9.6.1.5 with the comment, "Fire alarm panel was in trouble and had an activated smoke detector in a resident room which was silenced." This report also recorded: "4 – All automatic sprinkler and standpipe systems shall be inspected tested and maintained in accordance with NFPA 25. 9.7.5." The comments were the same as in the 12/12/2018 report concerning the fire door to the laundry room which sticks on floor and will not close and fire door to laundry room door does not operate correctly. This same report recorded "5 – Smoking regulations shall include the following: (1) a, b, (2) (3), (4), (5), and (6), Rule 401: 33.7.4.1.1. All of the explanations with all the numbered sections, were all typed out in the report. The Inspectors comments were recorded as follows: "Smoking areas need a non-combustible container with a self-closing lid to hold all ashes and cigarette butts from ash trays to be emptied into." The last rule cited in the Inspection Report, 10/08/2018, was: "6 – Testing of required emergency lighting systems shall be tested in accordance with one of the three options offered by 7.9.3.1.1. The Inspectors comments read: "Exit light on emergency power did not function upon test." The Fire Marshall issued a Fire Safety Certification of "Temporary Until 11/30/2018." The Licensee had successfully repaired the fire alarm panel, the smoking areas, and the exit light that did not function during the test.

On 01/15/2019, I conducted a telephone exit conference with Faith Giplaye, the Licensee Designee and she agreed with my findings. She explained that all the corrections have been made. She verbally accepted the 1st provisional license and she will put that in writing when she provides the plan of correction.

APPLICABLE RULE	
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.
ANALYSIS:	<p>On an Inspection Report, from the Fire Marshal Division, dated 12/12/2018 issued a "Disapproved" Fire Safety Certification rating.</p> <p>Mr. Giplaye had explained to this consultant on or about 10/08/2018, and to Mr. Sherman, the Inspecting Official, that the locks on the doors would be corrected that evening.</p> <p>On 12/12/2018, Mr. Sherman found all of the residents' door locks were still locking against egress along with the bathroom door and the basement S.E. Exit locks against egress, which was a repeat citation from the Inspection Report, 10/08/2018.</p> <p>In a letter addressed to me, from Faith and Hans Giplaye, they reported they had replaced the door knobs three times.</p> <p>The inspection report stated there was a 3-plug multi adapter in use in the apartment in the basement which was a repeat citation on the Inspection Report dated 10/08/2018.</p> <p>The Inspection Report stated the fire door to the laundry room sticks on the floor and will not close and the latch on the laundry door does not operate correctly. This also was a repeat citation from the Inspection Report dated 10/08/2018.</p> <p>The licensee failed to correct the fire safety citations they had been informed of on or about 10/08/2018 by the fire safety inspector.</p>
CONCLUSION:	VIOLATION ESTABLISHED

IV. RECOMMENDATION

Upon receipt of an acceptable corrective action plan, I recommend issuance of a provisional license.

Arlene B. Smith

01/15/2019

Arlene B. Smith
Licensing Consultant

Date

Approved By:

Jerry Hendrick

01/15/2019

Jerry Hendrick
Area Manager

Date