



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

ORLENE HAWKS  
DIRECTOR

March 20, 2019

Cynthia Duzenbury  
Altam Inc  
6300 Douglas Road  
Riverdale, MI 48877

RE: License #: AM590091656  
Investigation #: **2019A0577027**  
**Pine Point**

Dear Ms. Duzenbury:

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.
- How continuing compliance will be maintained once compliance is achieved.
- The signature of the responsible party and a date.

If you desire technical assistance in addressing these issues, please feel free to 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 (231) 922-5309.

Sincerely,

A handwritten signature in cursive script that reads "Bridget Vermeesch".

Bridget Vermeesch, Licensing Consultant  
Bureau of Community and Health Systems  
1919 Parkland Drive  
Mt. Pleasant, MI 48858-8010  
(989) 948-0561

enclosure

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

**I. IDENTIFYING INFORMATION**

|                                       |  |
|---------------------------------------|--|
| <b>License #:</b>                     | AM590091656  |
| <b>Investigation #:</b>               | 2019A0577027   |
| <b>Complaint Receipt Date:</b>        | 02/27/2019   |
| <b>Investigation Initiation Date:</b> | 02/27/2019   |
| <b>Report Due Date:</b>               | 04/28/2019   |
| <b>Licensee Name:</b>                 | Altam Inc  |
| <b>Licensee Address:</b>              | 6300 Douglas Road<br>Riverdale, MI 48877                           |
| <b>Licensee Telephone #:</b>          | (989) 560-0292   |
| <b>Licensee Designee:</b>             | Cynthia Duzenbury  |
| <b>Administrator:</b>                 | Cynthia Duzenbury  |
| <b>Name of Facility:</b>              | Pine Point   |
| <b>Facility Address:</b>              | 6300 Douglas Road<br>Riverdale, MI 48877                           |
| <b>Facility Telephone #:</b>          | (989) 833-5274   |
| <b>Original Issuance Date:</b>        | 03/01/2000   |
| <b>License Status:</b>                | REGULAR  |
| <b>Effective Date:</b>                | 02/05/2018   |
| <b>Expiration Date:</b>               | 02/04/2020   |
| <b>Capacity:</b>                      | 12   |
| <b>Program Type:</b>                  | PHYSICALLY HANDICAPPED<br>DEVELOPMENTALLY DISABLED<br>MENTALLY ILL |

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|  | AGED<br>ALZHEIMERS |
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## II. ALLEGATION(S)

|   | Violation<br>Established? |
|---|---------------------------|
| The facility was found to be in substantial non-compliance during the fire safety inspection. | Yes                       |

## III. METHODOLOGY

|            |   |
|------------|---|
| 02/27/2019 | Special Investigation Intake<br>2019A0577027  |
| 02/27/2019 | Special Investigation Initiated - Telephone<br>Interview with Cindy Duzenbury, Administrator. |
| 02/27/2019 | Inspection Completed-BCAL Sub. Compliance<br>SI based off BFS fire report, no onsite needed.  |
| 02/27/2019 | Exit Conference with Cindy Duzenbury, Licensee Designee                                       |

**ALLEGATION: The facility was found to be in substantial non-compliance during the fire safety inspection.**

### INVESTIGATION:

On February 27, 2019, this AFC Consultant received an Inspection Report from the Department of Licensing and Regulatory Affairs, Bureau of Fire Services (BFS), Fire Marshall Division. The fire safety inspection was completed on November 28, 2018 by inspector Philip Scheer who determined that the facility was in substantial non-compliance with BFS administrative rules. The BFS report authored by Philip Scheer stated that a fire safety recheck inspection was completed on this date of November 28, 2018. The following deficiencies identified in the initial annual *BFS Inspection Report*, completed on September 17, 2018 were found not corrected during the second inspection on November 28, 2018.

The November 28, 2018, *BFS Inspection Report* documented the following deficiencies as follows:

- Whenever or wherever any device, equipment, system, condition, arrangement, level or protection, fire-resistive construction, or any other feature is required for compliance with the provision of this code shall be maintained.
  - The exit light on the lower level is not illuminated.
  - The facility fire extinguishers are past due the annual inspection.

- Emergency egress and relocation drills shall be conducted not less than once per quarter per scheduled shift: daytime, 7:00am-3:00pm, evening 3:00pm-11:00pm, and night 11:00pm-7:00am
  - There was no documentation for the fire drills on the 1<sup>st</sup> shift of the 1<sup>st</sup> and 4<sup>th</sup> quarter
  - There was no documentation for the fire drills on the 2<sup>nd</sup> shift during the 2<sup>nd</sup> quarter
  - There was no documentation for the fire drills on the 3<sup>rd</sup> shift during the 1<sup>st</sup> and 2<sup>nd</sup> quarter
- Corridor doors in existing small facilities shall meet the following requirements: 1) Doors shall be provided with latches or other mechanisms suitable for keeping the doors closed. 2) no doors shall be arranged to prevent the occupant from closing the door.
  - The door handle is broken on the resident room door located by the fire alarm panel.
  - The door in the short hallway on the main level did not close to a positive latch.

On February 27, 2019 I spoke with Cynthia Duzenbury, licensee designee who reported that she was aware of the *BFS Inspection Report* of substantial non-compliance but had not received the final report of what needs to be fixed.

|                        |   |
|------------------------|---|
| <b>APPLICABLE RULE</b> |   |
| <b>R 400.14318</b>     | <b>Emergency preparedness; evacuation plan; emergency transportation.</b>   |
|                        | <b>(5) A licensee shall practice emergency and evacuation procedures during daytime, evening, and sleeping hours at least once per quarter. A record of the practices shall be maintained and be available for department review.</b>   |
| <b>ANALYSIS:</b>       | Per the BFS Inspection Report, no documentation of completion could be provided to the inspector for the following fire drills: <ul style="list-style-type: none"> <li>• There was no documentation for fire drills on the 1<sup>st</sup> shift of the 1<sup>st</sup> and 4<sup>th</sup> quarter</li> <li>• There was no documentation for the fire drills on the 2<sup>nd</sup> shift during the 2<sup>nd</sup> quarter</li> <li>• There was no documentation for the fire drills on the 3<sup>rd</sup> shift during the 1<sup>st</sup> and 2<sup>nd</sup> quarter.</li> </ul> |
| <b>CONCLUSION:</b>     | <b>VIOLATION ESTABLISHED</b>  |

|                        |  |
|------------------------|--|
| <b>APPLICABLE RULE</b> |  |
| <b>R 400.14506</b>     | <b>Fire extinguishers; location, examination, and maintenance.</b>   |
|                        | <b>(2) Fire extinguishers shall be examined and maintained as recommended by the manufacturer.</b>   |
| <b>ANALYSIS:</b>       | Per the BFS Inspection Report, no documentation of a completed inspection could be provided for the annual inspection of fire extinguishers and inspection of emergency exit lighting. The emergency exit lighting was found to be not working by the BFS inspector at the time both BFS inspections were completed. |
| <b>CONCLUSION:</b>     | <b>VIOLATION ESTABLISHED</b>   |

|                        |   |
|------------------------|---|
| <b>APPLICABLE RULE</b> |   |
| <b>R 400.14507</b>     | <b>Means of egress generally.</b>   |
|                        | <b>(5) A door that forms a part of a required means of egress shall be not less than 30 inches wide and shall be equipped with positive-latching, non-locking-against-egress hardware.</b>                  |
| <b>ANALYSIS:</b>       | The BFS Inspector found that the door handle is broken on the resident room door located by the fire alarm panel and another door in the short hallway on the main level did not close to a positive latch. |
| <b>CONCLUSION:</b>     | <b>VIOLATION ESTABLISHED</b>  |

**IV. RECOMMENDATION**

Upon the receipt of an approved corrective action plan, it is recommended that the status of the license remains unchanged.

*Bridget Vermeesch* 02/27/2019

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Bridget Vermeesch Date  
Licensing Consultant

Approved By:

*Dawn Timm* 03/20/2019

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Dawn N. Timm Date  
Area Manager