



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

ORLENE HAWKS
DIRECTOR

September 13, 2019

Jennia Woodcock
Community Health Care Management
1805 E Jordan
Mt. Pleasant, MI 48858

RE: License #: AL370068815
Investigation #: 2019A0867050
Country Place Senior Care Center

Dear Ms. Woodcock:

Attached is the Special Investigation Report for the above referenced facility. Due to the violations identified in the report, a written corrective action plan was required. On 8/30/19, you submitted an acceptable written corrective action plan. On 9/5/19, I observed the corrections already made.

It is expected that the corrective action plan be implemented within the specified time frames as outlined in the approved plan.

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 black ink that reads "Diane L. Stier".

Diane L Stier, Licensing Consultant
Bureau of Community and Health Systems
1919 Parkland Drive
Mt. Pleasant, MI 48858-8010
(989) 948-0560

enclosure

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

I. IDENTIFYING INFORMATION

License #:	AL370068815
Investigation #:	2019A0867050
Complaint Receipt Date:	08/29/2019
Investigation Initiation Date:	08/29/2019
Report Due Date:	09/28/2019
Licensee Name:	Community Health Care Management
Licensee Address:	2033 Westbrook Ionia, MI 48846
Licensee Telephone #:	(989) 855-3784
Administrator:	Jennia Woodcock
Licensee Designee:	Jennia Woodcock
Name of Facility:	Country Place Senior Care Center
Facility Address:	1805 E. Jordan Road Mount Pleasant, MI 48858
Facility Telephone #:	(989) 773-6320
Original Issuance Date:	02/01/1996
License Status:	REGULAR
Effective Date:	03/31/2018
Expiration Date:	03/30/2020
Capacity:	20
Program Type:	MENTALLY ILL AGED

II. ALLEGATION(S)

	Violation Established?
DEGLE reported a "significant deficiency" in the facility's most recent inspection of their wells and water system.	Yes

III. METHODOLOGY

08/29/2019	Special Investigation Intake 2019A0867050
08/29/2019	Special Investigation Initiated - Telephone Licensee Designee Jennia Woodcock
08/29/2019	Contact - Document Received Copy of water test, onsite report, and statement of corrections made
08/29/2019	Contact - Document Sent Copy of official water/well report to licensee designee
08/30/2019	Contact - Document Received Notice of corrective action taken
08/30/2019	Corrective Action Plan Received
09/05/2019	Inspection Completed On-site Interview, inspection
09/05/2019	Exit Conference Licensee Designee Jennia Woodcock

ALLEGATION: DEGLE reported a "significant deficiency" in the facility's most recent inspection of their wells and water system.

INVESTIGATION:

On 8/29/19, the department received a copy of a letter containing a "Significant Deficiency Violation Notice (SDVN)" from the Department of Environment, Great Lakes, and Energy (DEGLE) to licensee designee Jennia Woodcock at Country Place Senior Care. The report letter noted that one "significant deficiency" was found during an onsite inspection on 8/13/19: "Well No. 2 currently has an uncontrolled discharge flowing out of the vents on the well and possibly down the conduit into the basement

where the pressure tanks are located.” The report made other “Recommendations” as follows:

- The cap on Well No. 1 was loose.
- Well No. 2 was covered with moss and had water standing around it. It should be cleaned and the ground around it graded to prevent ponding around the well.
- The valve controlling water into the building was corroded and in need of replacement.
- Several small holes were noted in the side of the building, possibly allowing water and small animals to enter the building.
- There was a leak in the vicinity of the water heater.

The report letter indicated that the significant deficiency must be corrected within 120 days of receipt of the letter, or a Correction Action Plan, approved by DEGLE, must be completed within 120 days.

On 8/29/19, Licensee Designee Jennia Woodcock stated that she had received a copy of a handwritten “Site Visit Summary” that DEGLE Representative Kristin Bailey had left at the facility when she completed her onsite inspection on 8/13/19. Ms. Woodcock said that no “Significant Deficiency” was noted on this Summary. Ms. Woodcock stated that each item on the Summary had been addressed. Ms. Woodcock said she would send me a copy of the Summary she had received, with notations of how each item had been addressed. Ms. Woodcock verbally reported that:

- The cap on Well #1 had been tightened.
- Well #2 was cleaned and painted, and surrounding dirt was graded to prevent water from ponding.
- The shut-off valve noted in the report, as well as two others, were replaced.
- Holes in the exterior of the building, where pipes had previously been and any others found, were filled.
- The water heater was replaced the same day (8/13/19).

Ms. Woodcock reported that the facility conducts monthly water tests, because of the number of people being served by the facility’s wells. Ms. Woodcock said they have never had a “bad” water test in the previous seven years, since they started performing the tests.

I requested and received a copy of the facility’s most recent water test. The *Bacteriological Test* dated 7/30/19 showed that a water sample was taken on 7/18/19 and tested on 7/19/19. According to the report, there was no bacteria or other contaminants found in the water sample from the facility on that date.

On 8/30/19, I received and reviewed a *Site Visit Summary* form signed by Kristin Bailey as representative of DEGLE. I noted that each item, as listed on the Summary and as described as “Recommendations” in the report letter, had been addressed. I also noted that the “Significant Deficiency” of the uncontrolled discharge from Well No. 2 was not indicated on the handwritten *Site Visit Summary*.

On 8/30/19, Ms. Woodcock reported that she had contacted Chad Malley Well Drilling, the company who had installed Well No.2, and requested that they come to inspect the

well and make any corrections required to correct the deficiency cited by DEGLE. Ms. Woodcock said she was told that Mr. Malley would come to the facility during the week of 9/1/19.

On 8/30/19, Ms. Woodcock submitted a written Corrective Action Plan to Kristin Bailey and to me, addressing each of the issues cited in the report letter and/or in the *Site Visit Summary*. Ms. Woodcock also attached pictures of the corrections made when possible.

On 9/5/2019, I conducted an on-site inspection at the facility. I observed that the basement of the facility was dry and clean. I observed that:

- The cap on Well #1 was tight.
- Well #2 was clean and freshly painted, and surrounding dirt was graded to prevent water from ponding.
- The shut-off valve noted in the report, as well as two others, had been replaced.
- Holes in the exterior of the building, where pipes had previously been and any others found, were filled with expanding foam sealant.
- The water heater was new.

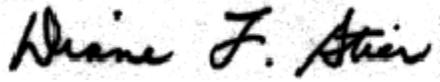
On 9/5/19, during our exit conference, licensee designee Jennia Woodcock reported that Chad Malley Well Drilling had contacted her and indicated that they will be at the facility either Friday, 9/6/19, or sometime during the following week. Ms. Woodcock said she was told that they first had to take care of several homes that were currently without water. Ms. Woodcock said that she would assure that Mr. Malley made whatever corrections to the well that are necessary to correct the “significant deficiency” cited by DEGLE.

APPLICABLE RULE	
R 400.15401	Environmental health.
	(1) Private water systems shall be in compliance with R 325.10101 et seq. of the Michigan Administrative Code. A bacteriological report confirming water quality shall be required during the initial inspection and every 2 years thereafter. Group homes that use a community approved water system need not be in compliance with this requirement.

ANALYSIS:	The facility was not found to have contaminated water. However, the DEGLE inspection cited a "significant deficiency" and made other "recommendations" which the licensee addressed. The facility was not in compliance with some DEGLE requirements at the time of their inspection.
CONCLUSION:	VIOLATION ESTABLISHED

IV. RECOMMENDATION

Since a written corrective action plan has already been received and evidence of corrective action taken has been submitted, I recommend continuation of the current status of the license of this AFC adult large group home.



Diane L Stier
Licensing Consultant

September 5, 2019

Date

Approved By:



09/13/2019

Dawn N. Timm
Area Manager

Date