



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

ORLENE HAWKS
DIRECTOR

September 27, 2019

Leonard Nagy
Augres Care Center Inc
P.O. Box 289 115 Mackinaw
Au Gres, MI 48703

RE: License #:	AL060006877 Augres Care Center 115 Mackinaw Augres, MI 48703
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Dear Mr. and Mrs. Nagy:

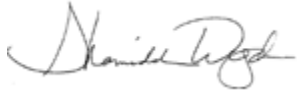
Attached is the Renewal Licensing Study Report for the facility referenced above. The violations cited in the report require the submission of a written corrective action plan. The corrective action plan is due 15 days from the date of this letter and must include the following:

- 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 (810) 787-7031.

Sincerely,

A handwritten signature in black ink, appearing to read "Shamidah Wyden". The signature is fluid and cursive, with the first name being the most prominent.

Shamidah Wyden, Licensing Consultant
Bureau of Community and Health Systems
411 Genesee
P.O. Box 5070
Saginaw, MI 48605
989-395-6853

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

I. IDENTIFYING INFORMATION

License #:	AL060006877
Licensee Name:	Augres Care Center Inc
Licensee Address:	Po Box 289 115 Mackinaw Au Gres, MI 48703
Licensee Telephone #:	(989) 876-7811
Licensee Designee:	Leonard Nagy, Lenore Nagy
Administrator:	Lenore Nagy
Name of Facility:	Augres Care Center
Facility Address:	115 Mackinaw Augres, MI 48703
Facility Telephone #:	(989) 876-7811
Original Issuance Date:	04/08/1986
Capacity:	20
Program Type:	PHYSICALLY HANDICAPPED DEVELOPMENTALLY DISABLED MENTALLY ILL AGED

II. METHODS OF INSPECTION

Date of On-site Inspection(s): 09/20/2019

Date of Bureau of Fire Services Inspection if applicable: 09/13/2019

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 3
No. of residents interviewed and/or observed 20
No. of others interviewed N/A Role: [REDACTED]

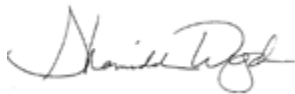
- Medication pass / simulated pass observed? Yes No If no, explain.
- Medication(s) and medication record(s) reviewed? Yes No If no, explain.
- Resident funds and associated documents reviewed for at least one resident? Yes No If no, explain.
- Meal preparation / service observed? Yes No If no, explain.
- 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.
There were no recent incident reports requiring follow up.
- Corrective action plan compliance verified? Yes CAP date/s and rule/s:
10/17/1019 R 315(3), R 310(3), and R 403(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 400.15205	Health of a licensee, direct care staff, administrator, other employees, those volunteers under the direction of the licensee, and members of the household.
	(7) A licensee shall obtain certification from a volunteer that the volunteer is free from communicable disease and that the volunteers physical and mental health will not negatively affect either the health of the resident or the quality of the resident's care.
At the time of inspection, there was no documentation for the facility's volunteer certifying that she is free of communicable disease and that she does not have any physical or mental health problems that would negatively affect the health or quality of a resident's care.	

IV. RECOMMENDATION

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



09/27/2019

Shamidah Wyden
Licensing Consultant

Date