



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

ORLENE HAWKS
DIRECTOR

June 4, 2019

Karen Britton
11274 Hill Road
Goodrich, MI 48438

RE: License #: AF250381924
A Place Like Home
11274 Hill Road
Goodrich, MI 48438

Dear Ms. Britton:

Attached is the Renewal Licensing Study Report for the facility referenced above. You have submitted an acceptable written corrective action plan addressing the violations cited in the report. To verify your implementation and compliance with this corrective action plan:

- You are to submit documentation of compliance.

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) 2849720.

Sincerely,

A handwritten signature in black ink that reads "Kent W. Gieselman".

Kent W Gieselman, Licensing Consultant
Bureau of Community and Health Systems
4809 Clio Road
Flint, MI 48504
(810) 931-1092

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

I. IDENTIFYING INFORMATION

License #:	AF250381924
Licensee Name:	Karen Britton
Licensee Address:	11274 Hill Road Goodrich, MI 48438
Licensee Telephone #:	(810) 444-2716
Name of Facility:	A Place Like Home
Facility Address:	11274 Hill Road Goodrich, MI 48438
Facility Telephone #:	(810) 444-2716
Original Issuance Date:	06/10/2016
Capacity:	5
Program Type:	AGED

II. METHODS OF INSPECTION

Date of On-site Inspection(s): 06/04/2019

Date of Bureau of Fire Services Inspection if applicable: N/A

Date of Health Authority Inspection if applicable: 02/26/2019

Inspection Type: Interview and Observation Worksheet
 Combination Full Fire Safety

No. of staff interviewed and/or observed
No. of residents interviewed and/or observed
No. of others interviewed Q Role: N/A

- Medication pass / simulated pass observed? Yes Z No If no, explain.
- Medication(s) and medication record(s) reviewed? Yes **N** No If no, explain.
- Resident funds and associated documents reviewed for at least one resident? Yes **Z** No **E** If no, explain.
- Meal preparation / service observed? Yes **Z** No If no, explain.
- Fire drills reviewed? Yes No **Z** If no, explain.
The licensee did not document any fire drills for this licensing period.
- Fire safety equipment and practices observed? Yes **Z** No If no, explain.
- E-scores reviewed? (Special Certification Only) Yes No N/A **Z** If no, explain.
- Water temperatures checked? Yes **Z** No If no, explain.
- Incident report follow-up? Yes **Z** No If no, explain.
- Corrective action plan compliance verified? Yes **E** CAP date/s and rule/s: N/A
- Number of excluded employees followed-up? N/A **LZ**
- Variances? Yes (please explain) No **jZ** N/A

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

This facility was found to be in non-compliance with the following rules:

**R 400.1438 Emergency preparedness; evacuation plan;
emergency transportation.**

(4) Fire drills shall be conducted 4 times a year. Two of the 4 required fire drills shall be conducted during sleeping hours. A record of the fire drills shall be incorporated with the evacuation plan.

The licensee did not conduct or document any fire drills for the current licensing period.

A corrective action plan was requested and approved on 06/04/2019. It is expected that the corrective action plan be implemented within the specified time frames as outlined in the approved plan. A follow-up evaluation may be made to verify compliance. Should the corrections not be implemented in the specified time, it may be necessary to reevaluate the status of your license.

IV. RECOMMENDATION

An acceptable corrective action plan has been received. Renewal of the license is recommended.



6/4/19

Kent W Gieselman
Licensing Consultant

Date