



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

ORLENE HAWKS
DIRECTOR

February 3, 2020

Steve and Ruth Williams
307 Quarry
Jackson, MI 49201

RE: License #: AF380002778
Williams AFC Home
307 Quarry
Jackson, MI 49201

Dear Mr. and Mrs. Williams:

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 a Statement of Correction (due by March 3, 2020).

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 (313) 456-0380.

Sincerely,

A handwritten signature in cursive script that reads "Mahtina Rubritius".

Mahtina Rubritius, Licensing Consultant
Bureau of Community and Health Systems
301 E. Louis Glick Hwy
Jackson, MI 49201
(517) 262-8604

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

I. IDENTIFYING INFORMATION

License #:	AF380002778
Licensee Name:	Ruth and Steve Williams
Licensee Address:	307 Quarry Jackson, MI 49201
Licensee Telephone #:	(517) 788-9917
Licensee/Licensee Designee:	N/A
Administrator:	N/A
Name of Facility:	Williams AFC Home
Facility Address:	307 Quarry Jackson, MI 49201
Facility Telephone #:	(517) 788-9917
Original Issuance Date:	04/20/1981
Capacity:	6
Program Type:	DEVELOPMENTALLY DISABLED MENTALLY ILL AGED

II. METHODS OF INSPECTION

Date of On-site Inspection(s): 02/03/2020

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

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 1

No. of residents interviewed and/or observed 1

No. of others interviewed 0 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.
The on-site inspection was not concurrent with mealtimes.
- Fire drills reviewed? Yes No If no, explain.
- Fire safety equipment and practices observed? Yes No If no, explain.
Technical assistance was provided regarding the meeting place during the fire drills, as the residents must exit the home, and be a safe distance away from the building.
- 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.
- Corrective action plan compliance verified? Yes CAP date/s and rule/s:
R 400.1421 (3) 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 400.1405 Health of a licensee, responsible person, and member of the household.

(3) A licensee shall provide the department with written evidence that he or she and each responsible person in the home is free from communicable tuberculosis. Verification shall be within the 3-year period before employment and verification shall occur every 3 years thereafter.

- There was no written evidence available for review, to demonstrate that Mr. Williams, Mrs. Williams and the responsible person, were free from communicable tuberculosis.

R 400.1426 Maintenance of premises.

(1) The premises shall be maintained in a clean and safe condition.

- When tested, the hot water temperature was 137 degrees Fahrenheit (the temperature range should be between 105 degrees Fahrenheit to 120 degrees Fahrenheit).

R 400.1437 Smoke detection equipment.

(1) At least 1 single-station smoke detector shall be installed at the following locations:

(a) Between the sleeping areas and the rest of the home. In homes with more than 1 sleeping area, a smoke detector shall be installed to protect each separate sleeping area.

(b) On each occupied floor, in the basement, and in areas of the home which contain flame- or heat-producing equipment.

- While the licensee had purchased replacement smoke detectors for the home, they had not been installed in the basement, at the time of the inspection. There was no smoke detector located in the basement of the home, which contained flame- or heat-producing equipment.
- The licensee agreed to correct this violation on the same date of the inspection.

IV. RECOMMENDATION

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

Mahtina Rubritius

02/03/2020

Mahtina Rubritius
Licensing Consultant

Date