



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

ORLENE HAWKS
DIRECTOR

July 10, 2020

Leslie Alston
318 W Ninth Ave
Flint, MI 48503

RE: License #:	AF250385924 Water Brooks Living 318 W Ninth Ave Flint, MI 48503
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Dear Ms. Alston:


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 (517) 284-9730.

Sincerely,

A handwritten signature in cursive script that reads "Susan Hutchinson, MA, LRC".

Susan Hutchinson, Licensing Consultant
Bureau of Community and Health Systems
4809 Clio Road
Flint, MI 48504
(989) 293-5222

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

I. IDENTIFYING INFORMATION

License #:	AF250385924
Licensee Name:	Leslie Alston
Licensee Address:	318 W Ninth Ave Flint, MI 48503
Licensee Telephone #:	(469) 315-8296
Licensee/Licensee Designee:	N/A
Administrator:	N/A
Name of Facility:	Water Brooks Living
Facility Address:	318 W Ninth Ave Flint, MI 48503
Facility Telephone #:	(469) 315-8296
Original Issuance Date:	02/06/2018
Capacity:	5
Program Type:	DEVELOPMENTALLY DISABLED AGED

II. METHODS OF INSPECTION

Date of On-site Inspection(s): 07/09/2020

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 2

No. of residents interviewed and/or observed 3

No. of others interviewed 0 Role: N/A

- 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.
My inspection did not take place during a mealtime
- 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.
- Corrective action plan compliance verified? Yes CAP date/s and rule/s:
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.
At the time of my inspection, I noted that the responsible person/staff member for this facility does not have an up-to-date tuberculosis test.	
R 400.1407	Resident admission and discharge criteria; resident assessment plan; resident care agreement; house guidelines; fee schedule; physician's instructions; health care appraisal.
	(6) A licensee shall review the written resident care agreement with the resident or the resident's designated representative and responsible agency at least annually or more often if necessary.
At the time of my inspection, I noted that the licensee is not updating residents' Resident Care Agreements at least annually.	
R 400.1418	Resident medications.
	(4) When a licensee or responsible person supervises the taking of medication by a resident, the licensee or responsible person shall comply with the following provisions: (a) Maintain a record as to the time and amount of any prescription medication given or applied. Records of prescription medication shall be maintained on file in the home for a period of not less than 2 years.

At the time of my inspection, I noted that the licensee is not keeping a detailed medication log for resident medications. She is not listing the complete dosage and/or complete medication name on the medication log which matches the prescription and/or pharmacy label.	
R 400.1418	Resident medications.
	(5) Prescription medication shall be kept in the original pharmacy-supplied and pharmacy-labeled container, stored in a locked cabinet or drawer, refrigerated if required, and labeled for the specific resident.
At the time of my inspection, I noted that the licensee is pre-setting medications into medication dispensers. Medications must be kept in the original pharmacy-supplied and pharmacy-labeled container until they are dispensed to the resident.	

IV. RECOMMENDATION

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

Susan Hutchinson, MA, LRC

July 10, 2020

Susan Hutchinson Licensing Consultant	Date
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