



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

ORLENE HAWKS
DIRECTOR

September 11, 2020

Carrie Parchmon
528 Superior
Niles, MI 49120

RE: License #: AF110348948
Friendly Circle
528 Superior
Niles, MI 49120

Dear Ms. Parchmon:

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, an on-site inspection will be conducted.

The study has determined substantial compliance with applicable licensing statutes and administrative rules. Therefore, your license is renewed. It is valid only at your present address and is nontransferable.

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 black ink, appearing to read "Eli DeLeon".

Eli DeLeon, Licensing Consultant
Bureau of Community and Health Systems
322 E. Stockbridge Ave
Kalamazoo, MI 49001
(269) 251-4091

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

I. IDENTIFYING INFORMATION

License #:	AF110348948
Licensee Name:	Carrie Parchmon
Licensee Address:	528 Superior Niles, MI 49120
Licensee Telephone #:	(269) 684-1117
Licensee/Licensee Designee:	Carrie Parchmon
Administrator:	Carrie Parchmon
Name of Facility:	Friendly Circle
Facility Address:	528 Superior Niles, MI 49120
Facility Telephone #:	(269) 684-1117
Original Issuance Date:	03/03/2014
Capacity:	6
Program Type:	MENTALLY ILL

II. METHODS OF INSPECTION

Date of On-site Inspection(s): 08/25/2020

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 1

No. of others interviewed 0 Role: 0

- 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.
- 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 determined to be in substantial non-compliance with the following rules and requirements:

R 400.1426 Maintenance of premises.

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

Toilet was cracked.

R 400.1421 Handling of resident funds and valuables.

(3) A licensee shall have a resident's funds and valuables transaction form completed and on file for each resident. A department form shall be used unless prior authorization for a substitute form has been granted in writing by the department.

Resident funds have not been maintained by the licensee.

R 400.1416 Resident health care.

(3) A licensee shall record the weight of a resident upon admission and monthly thereafter. Weight records shall be kept on file for 2 years.

Resident weights were not maintained by the licensee.

R 400.1407 Resident admission and discharge criteria; resident assessment plan; resident care agreement; house guidelines; fee schedule; physician's instructions; health care appraisal.

(4) In situations where a resident is referred for emergency admission and the licensee agrees to accept the admission, a resident assessment plan shall be conducted within 15 calendar days following the emergency admission. The resident assessment plan shall be conducted in accordance to the provisions outlined in subrules (2) and (3) of this rule.

(5) At the time of a resident's admission, a licensee shall complete a written resident care agreement which shall be

established between the resident or the resident's designated representative, the responsible agency, and the licensee. A department form shall be used unless prior authorization for a substitute form has been granted in writing by the department. A resident shall be provided the care and services as stated in the written resident care agreement.

An AFC assessment and care agreement were not yet completed for one resident.

R 400.1431 Bedrooms generally.

(3) Interior doorways of bedrooms occupied by residents shall be equipped with a side-hinged, permanently mounted door equipped with positive-latching, non-locking-against-egress hardware.

A room used to play games was equipped with a padlock latch.

IV. RECOMMENDATION

I recommend issuance of a 2 year regular adult foster care license.



09/14/2020

Eli DeLeon
Licensing Consultant

Date