



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

ORLENE HAWKS
DIRECTOR

September 24, 2020

Bettie Johnson
26504 Yale
Inkster, MI 48141

RE: License #: AF820292957
Johnson AFC
26504 Yale
Inkster, MI 48141

Dear Ms. Johnson:

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 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 (313) 456-0380.

Sincerely,

A handwritten signature in blue ink, appearing to read "Edith Richardson".

Edith Richardson, Licensing Consultant
Bureau of Community and Health Systems
Cadillac Pl. Ste 9-100
3026 W. Grand Blvd
Detroit, MI 48202
(313) 919-1934

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

I. IDENTIFYING INFORMATION

License #:	AF820292957
Licensee Name:	Bettie Johnson
Licensee Address:	26504 Yale Inkster, MI 48141
Licensee Telephone #:	(734) 299-1890
Licensee/Licensee Designee:	N/A
Administrator:	N/A
Name of Facility:	Johnson AFC
Facility Address:	26504 Yale Inkster, MI 48141
Facility Telephone #:	(734) 299-1890
Original Issuance Date:	12/01/2008
Capacity:	3
Program Type:	DEVELOPMENTALLY DISABLED MENTALLY ILL AGED

II. METHODS OF INSPECTION

Date of On-site Inspection(s): 09/18/2020

Date of Bureau of Fire Services Inspection if applicable:

Date of Health Authority Inspection if applicable:

Inspection Type: Interview and Observation Worksheet
 Combination Full Fire Safety

No. of staff interviewed and/or observed 0

No. of residents interviewed and/or observed 2

No. of others interviewed 1 Role: Licensee

- Medication pass / simulated pass observed? Yes No If no, explain.
Virtual
- 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.
N/A
- Corrective action plan compliance verified? Yes CAP date/s and rule/s:
Interim inspection conducted on 03/12/2020 N/A
- Number of excluded employees followed-up? N/A
- Variances? Yes (please explain) No N/A

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

R 400.1426

Maintenance of premises.

(2) All living, sleeping, and kitchen areas shall be well lighted and ventilated.

The light switch in the kitchen and in the upstairs resident bedroom were not working. The licensee was using lamps.

The front storm door automatic closure was not working.

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.

The first-floor smoke detector was not mounted. Licensee stated she was changing the battery.

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.

Fire drills were conducted as required however the length of time it took to evacuate the home exceeded the Fire Marshal's recommendation of three minutes.

IV. RECOMMENDATION

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



Edith Richardson
Licensing Consultant

09/24/2020
Date