



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

ORLENE HAWKS
DIRECTOR

April 7, 2021

Debora Warner
2775 Michigan Road
Port Huron, MI 48060

RE: License #: AF740005649
Warner Adult Foster Care
2775 Michigan Road
Port Huron, MI 48060

Dear Mrs. Warner:

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.

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 (248) 975-5053.

Sincerely,

A handwritten signature in cursive script that reads "Kristine Cilluffo".

Kristine Cilluffo, Licensing Consultant
Bureau of Community and Health Systems
4th Floor, Suite 4B
51111 Woodward Avenue
Pontiac, MI 48342
(248) 285-1703

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

I. IDENTIFYING INFORMATION

License #:	AF740005649
Licensee Name:	Debora Warner
Licensee Address:	2775 Michigan Road Port Huron, MI 48060
Licensee Telephone #:	(810) 984-3247
Licensee/Licensee Designee:	Debora Warner
Administrator:	N/A
Name of Facility:	Warner Adult Foster Care
Facility Address:	2775 Michigan Road Port Huron, MI 48060
Facility Telephone #:	(810) 984-3247
Original Issuance Date:	01/25/1985
Capacity:	5
Program Type:	DEVELOPMENTALLY DISABLED

II. METHODS OF INSPECTION

Date of On-site Inspection(s): 04/07/2021

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 0

No. of others interviewed 0 Role: [REDACTED]

- Medication pass / simulated pass observed? Yes ☒ No ☐ If no, explain.
Reviewed medication pass procedures with licensee.
- 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.
Inspection did not occur during a meal preparation.
- 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:
CAP date- 04/08/2019- AS407(2) 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.
Mr. and Mrs. Warner did not have current TB tests.	
R 400.1407	Resident admission and discharge criteria; resident assessment plan; resident care agreement; house guidelines; fee schedule; physicians instructions; health care appraisal.
	(2) A licensee shall not accept or retain a resident for care unless and until a resident assessment plan is made and it is determined that the resident is suitable pursuant to the following provisions: (a) The amount of personal care, supervision, and protection required by the resident is available in the home. (b) The kinds of services and skills required of the home to meet the resident's needs are available in the home. (c) The resident appears to be compatible with other residents and members of the household.
Resident B did not have a current assessment plan on file. Last assessment plan in file was completed on 09/12/2014. Licensee will contact Resident B's case manager for copy of his most recent Individual Plan of Service. REPEAT VIOLATION ESTABLISHED. LSR dated 04/10/2019, CAP dated 04/08/2019	
R 400.1416	Resident health care.
	(4) A licensee shall make a reasonable attempt to contact the resident's next of kin, designated representative, and

	responsible agency by telephone, followed by a written report to the resident's designated representative and responsible agency within 48 hours of the following: (b) Any accident or illness requiring hospitalization.
Resident C was hospitalized in February 2021. An incident report was not submitted to licensing. Resident C is no longer placed in the home.	
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.
During the onsite inspection, I observed that the insulin in the refrigerator was not kept in a locked location.	
R 400.1421	Handling of resident funds and valuables.
	(5) Except for trust fund accounts, a licensee shall not accept for safekeeping money and valuables exceeding a value of \$200.00 for any resident in the home. Trust fund accounts between the licensee and the resident are subject to a \$1,500.00 limitation.
Resident A and Resident B each had more than \$200.00 in cash in the home. Resident A had \$329.39 and Resident B had \$206.92.	

A corrective action plan was requested and approved on 04/07/2021. 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.

Kristine Cilluffo

04/07/2021

Kristine Cilluffo
Licensing Consultant

Date