



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

ORLENE HAWKS  
DIRECTOR

March 1, 2021

Daniel McNeill  
P.O. Box 68  
Fenton, MI 48430

RE: License #:	AF250404622 Serenity Gardens 110 Lansing St. Gaines, MI 48436
----------------	--

Dear Mr. McNeill:

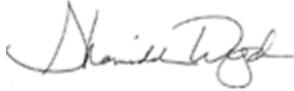
Attached is the Renewal Licensing Study Report for the facility referenced above. The violations cited in the report require the submission of a written corrective action plan. The corrective action plan is due 15 days from the date of this letter and must include the following:

- 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 (810) 787-7031.

Sincerely,

A handwritten signature in cursive script, appearing to read "Shamidah Wyden".

Shamidah Wyden, Licensing Consultant  
Bureau of Community and Health Systems  
411 E. Genesee Ave.  
P.O. Box 5070  
Saginaw, MI 48607  
989-395-6853

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

**I. IDENTIFYING INFORMATION**

<b>License #:</b>	AF250404622
<b>Licensee Name:</b>	Daniel McNeill
<b>Licensee Address:</b>	110 Lansing St. Gaines, MI 48436
<b>Licensee Telephone #:</b>	(810) 931-8466
<b>Licensee:</b>	Daniel McNeill
<b>Administrator:</b>	N/A
<b>Name of Facility:</b>	Serenity Gardens
<b>Facility Address:</b>	110 Lansing St. Gaines, MI 48436
<b>Facility Telephone #:</b>	(810) 931-8644
<b>Original Issuance Date:</b>	08/27/2020
<b>Capacity:</b>	6
<b>Program Type:</b>	PHYSICALLY HANDICAPPED DEVELOPMENTALLY DISABLED MENTALLY ILL

## II. METHODS OF INSPECTION

Date of On-site Inspection(s): 02/02/2021

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

Date of Health Authority Inspection if applicable: 07/08/2020

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 4

No. of others interviewed 1 Role: Licensee

- 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.  
There were no recent incident reports requiring follow-up.
- 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

<p>This inspection was completed virtually due to the COVID-19 pandemic. This facility was found to be in non-compliance with the following rules:</p>	
<p><b>MCL 400.734b</b></p>	<p><b>Employing or contracting with certain employees providing direct services to residents; prohibitions; criminal history check; exemptions; written consent and identification; conditional employment; use of criminal history record information; disclosure; failure to conduct criminal history check; automated fingerprint identification system database; report to legislature; costs; definitions.</b></p>
	<p><b>(2) Except as otherwise provided in this subsection or subsection (6), an adult foster care facility shall not employ or independently contract with an individual who has direct access to residents until the adult foster care facility or staffing agency has conducted a criminal history check in compliance with this section or has received criminal history record information in compliance with subsections (3) and (11). This subsection and subsection (1) do not apply to an individual who is employed by or under contract to an adult foster care facility before April 1, 2006. On or before April 1, 2011, an individual who is exempt under this subsection and who has not been the subject of a criminal history check conducted in compliance with this section shall provide the department of state police a set of fingerprints and the department of state police shall input those fingerprints into the automated fingerprint identification system database established under subsection (14). An individual who is exempt under this subsection is not limited to working within the adult foster care facility with which he or she is employed by or under independent contract with on April 1, 2006 but may transfer to another adult foster care facility, mental health facility, or covered health facility. If an individual who is exempt under this subsection is subsequently convicted of a crime or offense described under subsection (1)(a) to (g) or found to be the subject of a substantiated finding described under subsection (1)(i) or an order or disposition described under subsection (1)(h), or is found to have been convicted of a relevant crime described under 42 USC 1320a-7(a), he or she is no longer exempt and shall be terminated from employment or denied employment.</b></p>

At the time of inspection, there was no criminal history check for staff person Destanie Bittner.	
<b>R 400.1407</b>	<b>Resident admission and discharge criteria; resident assessment plan; resident care agreement; house guidelines; fee schedule; physicians instructions; health care appraisal.</b>
	<b>(3) In situations where a resident is referred for admission, the resident assessment plan shall be conducted in conjunction with the resident or the resident's designated representative, the responsible agency, and the licensee. A licensee shall maintain a copy of the resident's written assessment plan on file in the home.</b>
At the time of inspection, there were no signatures on Resident A's assessment plan, which signifies that all required persons participated in the assessment plan.	
<b>R 400.1408</b>	<b>Resident care; licensee responsibilities.</b>
	<b>(1) A licensee shall provide basic self-care and habilitation training in accordance with the resident's written assessment plan.</b>
At the time of inspection, chores/work and/or self-care needs were not specified on Resident A and Resident B's assessment plans at the time of inspection.	
<b>R 400.1421</b>	<b>Handling of resident funds and valuables.</b>
	<b>(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.</b>
At the time of inspection, Section A and Section B on the Resident Funds I form was not completed for Resident A.	
<b>R 400.1421</b>	<b>Handling of resident funds and valuables.</b>
	<b>(6) All trust fund account transactions shall require the signature of the resident or the resident's designated representative and the licensee, or prior written approval from the resident or resident's designated representative.</b>

At the time of inspection, there were no signatures on Resident A's Resident Funds II form, and no prior written approval from the resident or resident's designated representative documented.	
<b>R 400.1405</b>	<b>Health of a licensee, responsible person, and member of the household.</b>
	<b>(1) A licensee, responsible person, and a member of the household shall be in such physical and mental health so as to not negatively affect either the health of the resident or quality of his or her care.</b>
At the time of inspection, there was no physical health statement signed by a physician for staff person Destanie Bittner.	

#### IV. RECOMMENDATION

Contingent upon receipt of an acceptable corrective action plan, and completion of special investigation report #2021A0123016, renewal of the license is recommended.



03/01/2021

---

Licensing Consultant

Date