



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

ORLENE HAWKS
DIRECTOR

August 12, 2021

Justin Foster AND Colleen Foster
3144 Robinson Rd
Jackson, MI 49203

RE: License #: AF380405514
Katie's Place
3144 Robinson Rd
Jackson, MI 49203

Dear Justin Foster AND Colleen Foster:

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 (313) 456-0380.

Sincerely,

A handwritten signature in cursive script that reads "Shatonla Daniel".

Shatonla Daniel, Licensing Consultant
Bureau of Community and Health Systems
Cadillac Place
3026 W. Grand Blvd, Ste. 9-100
Detroit, MI 48202
(313) 313-919-3003

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

I. IDENTIFYING INFORMATION

License #: AF380405514

Licensee Name: Justin Foster AND Colleen Foster

Licensee Address: 525 Hallett St
3144 Robinson Rd
Jackson, MI 49203

Licensee Telephone #: (517) 990-4460

Licensee/Licensee Designee: N/A

Administrator:

Name of Facility: Katie's Place

Facility Address: 3144 Robinson Rd
Jackson, MI 49203

Facility Telephone #: (517) 990-9582

Original Issuance Date: 02/02/2021

Capacity: 6

Program Type: PHYSICALLY HANDICAPPED
AGED

II. METHODS OF INSPECTION

Date of On-site Inspection(s): 08/11/2021

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 2

No. of residents interviewed and/or observed 4

No. of others interviewed [redacted] Role: [redacted]

- Medication pass / simulated pass observed? Yes No If no, explain.
Full inspection complete
- 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 was not completed during a meal time.
- 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.

(2) A licensee shall have on file with the department a statement signed by a licensed physician or his or her designee with regard to his or her knowledge of the physical health of the licensee and each responsible person. The statement shall be signed within 6 months before the issuance of a license and at any other time requested by the department.

At the time of inspection, Staff- Deborah Pincombe did not have a statement signed by a licensed physician or his or her designee with regard to his or her knowledge of the physical health. Ms. Pincombe was hired on 06/29/2021.

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 inspection, Staff- Deborah Pincombe did not have verification that she is free from communicable tuberculosis. Ms. Pincombe was hired on 06/29/2021.

IV. RECOMMENDATION

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

Shatonda Daniel

08/12/2021

Shatonla Daniel
Licensing Consultant

Date