

GRETCHEN WHITMER GOVERNOR

STATE OF MICHIGAN DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS LANSING

ORLENE HAWKS DIRECTOR

October 13, 2021

Marianne & John Schwandt 111 Fourth Street Trufant, MI 49347

RE: License #: AF590396815

Country House 1977 N Kohler Rd Trufant, MI 49347

Dear Marianne & John Schwandt:

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 – Please send proof of at least 2 fire drills, weight records, Resident A's health care appraisal, and Funds Part II with the room and board documented by November 1, 2021.

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,

Jennifer Browning, Licensing Consultant

Bureau of Community and Health Systems

Browningj1@michigan.gov

gennifer Browning

989-444-9614

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

I. IDENTIFYING INFORMATION

License #: AF590396815

Licensee Name: Marianne & John Schwandt

Licensee Address: 1977 N Kohler Rd

Trufant, MI 49347

Licensee Telephone #: (231) 349-1016

Licensee/Licensee Designee: N/A

Administrator: NA

Name of Facility: Country House

Facility Address: 1977 N Kohler Rd

Trufant, MI 49347

Facility Telephone #: (231) 349-1016

Original Issuance Date: 05/03/2019

Capacity: 6

Program Type: AGED

II. METHODS OF INSPECTION

Date of On-site Inspection(s):		10/13/2021		
Date of Bureau of Fire	Services Inspection if app	licable: NA		
Date of Health Authorit	y Inspection if applicable:	7/20/2021		
Inspection Type:	☐ Interview and Obs	servation 🔀 Worksh Full Fire	neet e Safety	
No. of staff interviewed No. of residents intervi No. of others interview	ewed and/or observed	3 6		
Medication pass /	simulated pass observed?	'Yes⊠ No ☐ If n	o, explain.	
Medication(s) and	medication record(s) revie	ewed? Yes⊠ No [☐ If no, explain.	
 Resident funds and associated documents reviewed for at least one resident? Yes ☐ No ☒ If no, explain. The licensee Ms. Schwandt does not maintain any personal funds for any of the residents. Meal preparation / service observed? Yes ☐ No ☒ If no, explain. The inspection was not done during meal times. The food at the facility appeared safe and free from spoilage and contamination, the food service equipment was in good repair, and the facility appeared equipped to prepare and serve adequate meals. Fire drills reviewed? Yes ☐ No ☒ If no, explain. There were no fire drills at the facility to review at the time of the inspection. Fire safety equipment and practices observed? Yes ☒ No ☐ If no, explain. 				
If no, explain.	l? (Special Certification Or es checked? Yes ⊠ No [N/A ⊠	
Incident report foll	ow-up? Yes⊠ No ☐ If	no, explain.		
N/A 🖂	olan compliance verified? ed employees followed-up	_	and rule/s:	
 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 400.1407

Resident admission and discharge criteria; resident assessment plan; resident care agreement; house guidelines; fee schedule; physicians instructions; health care appraisal.

(9) If a resident is not under the care of a physician at the time of the resident's admission to the home, the licensee shall require that the resident or the resident's designated representative provide a written health care appraisal completed within the 90-day period before the resident's admission to the home. If a written health care appraisal is not available, a licensee shall require that the appraisal be obtained not later than 30 days after admission. A department form shall be used unless prior authorization for a substitute form has been granted in writing by the department.

Resident A's resident record did not have a health care appraisal to review that was completed within 90 days before his admission to the home or 30 days after his admission date.

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 A, B, and C's resident records did not include any weights from their admission or any months thereafter.

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 A, B, and C's resident record did not include a completed Resident Funds Part II form which included payments that were paid to the licensee for board and care.

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.

The licensee, Marianne Schwandt indicated that she completed fire drills during this review period however, they were not available to review at the time of inspection.

A corrective action plan was requested and approved on 10/13/2021. 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.

Gennifer Browning	10/13/2021	
Licensing Consultant	 Date	