



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

ORLENE HAWKS
DIRECTOR

November 15, 2021

Charlotte Munyabera &
Metuschelah Munyabera
14820 32nd St
Gobles, MI 49055

RE: License #: AF800093261
Pinegrove AFC
14820 32nd St
Gobles, MI 49055

Dear Mr. and Mrs. Munyabera:

Attached is the Licensing Study Report for the above referenced facility. The study has 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 (517) 284-9730.

Sincerely,

A handwritten signature in black ink that reads "Cathy Cushman". The signature is written in a cursive, flowing style.

Cathy Cushman, Licensing Consultant
Bureau of Community and Health Systems
611 W. Ottawa Street
P.O. Box 30664
Lansing, MI 48909
(269) 615-5190

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

I. IDENTIFYING INFORMATION

License #:	AF800093261
Licensee Name:	Charlotte Munyabera and Metuschelah Munyabera
Licensee Address:	14820 32nd St Gobles, MI 49055
Licensee Telephone #:	(269) 628-7531
Licensee Designee:	N/A
Administrator:	N/A
Name of Facility:	Pinegrove AFC
Facility Address:	14820 32nd St Gobles, MI 49055
Facility Telephone #:	(269) 628-0309
Original Issuance Date:	10/04/2000
Capacity:	6
Program Type:	DEVELOPMENTALLY DISABLED MENTALLY ILL AGED

II. METHODS OF INSPECTION

Date of On-site Inspection(s): 11/10/2021

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 5

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

- 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.
- 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 400.1407 **Resident admission and discharge criteria; resident assessment plan; resident care agreement; house guidelines; fee schedule; physicians instructions; health care appraisal.**

(6) A licensee shall review the written resident care agreement with the resident or the resident's designated representative and responsible agency at least annually or more often if necessary.

FINDING: Resident A's and Resident B's Resident Care Agreements were last reviewed in 07/30/2019 and 11/30/2017, respectively, which indicates they were not reviewed on an annual basis, as required.

There was no indication Resident C's Resident Care Agreement was reviewed by his guardian as there was no signature.

R 400.1418 **Resident medications.**

(4) When a licensee or responsible person supervises the taking of medication by a resident, the licensee or responsible person shall comply with the following provisions:

(b) Not adjust or modify a resident's prescription medication without agreement and instructions from a physician or a pharmacist who has knowledge of the medical needs of the resident. A licensee shall record in writing any adjustments or modifications of a resident's prescription medication.

FINDING: Resident D had numerous medications being stored in the locked medication cabinet that were not being administered to him as the licensee indicated these medications has been discontinued; however, the medication was still listed on Resident A's Medication Administration Record, but they were crossed out indicating they were not being administered.

Additionally, Resident E had a medication, Senna Plus 8.6-50mg, which indicated on the prescription bottle/packet 1 tablet should be given every night; however, the Medication Administration Record indicated it was an "as needed" medication.

The licensee did not have an order or any other documentation confirming these changes had been made by Resident D's or Resident E's physician or pharmacist, as required.

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.

FINDING: Resident C's Adult Foster Care payments were not being recorded on the Resident Funds II form, as required. It should be noted that during the on-site inspection the licensee did provide documentation the AFC payments were being recorded, via another means, and transcribed the AFC payments onto the Resident Funds II form.

R 400.1419 Resident nutrition.

(2) A licensee shall assure proper food preparation, serving, sanitation, and safety.

FINDING: I observed potatoes being stored directly on the floor of the facility's pantry. Containers of food are to be stored at least six inches about the floor, on clean racks, dollies, or other clean surfaces, in such a manner as to be protected from splash and other contamination.

R 400.1426 Maintenance of premises.

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

FINDING: Resident bedroom #1 was observed to be dimly lit and in need of more sufficient lighting. The bedroom does not have a ceiling light; therefore, requires the use of floor or table lamps; however, the one table lamp was not sufficient in creating ample light within the room.

R 400.1430 Bathrooms.

(2) Bathroom doors may be equipped with positive latching, non-locking-against-egress hardware. Hooks and eyes, bolts, bars, and other similar devices shall not be used on bathroom doors.

FINDING: The door on the facility's full bathroom was observed to be locking against egress.

R 400.1431 Bedrooms generally.

(3) Interior doorways of bedrooms occupied by residents shall be equipped with a side-hinged, permanently mounted door equipped with positive-latching, non-locking-against-egress hardware.

FINDING: The door on resident bedroom #1 was observed locking against egress.

IV. RECOMMENDATION

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



11/15/2021

Cathy Cushman
Licensing Consultant

Date