



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

ORLENE HAWKS  
DIRECTOR

November 1, 2021

Carole Moore-Kidder  
1385 Gidner Rd  
Charlotte, MI 48813

RE: License #: AM230008108  
**Moore's Adult Foster Care Home.**  
**P.O. Box 249**  
**1385 Gidner Rd.**  
**Charlotte, MI 48813**

Dear Ms. Moore-Kidder:

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 cursive script that reads "Leslie Herrguth".

Leslie Herrguth, Licensing Consultant  
Bureau of Community and Health Systems  
611 W. Ottawa Street  
P.O. Box 30664  
Lansing, MI 48909  
(517) 256-2181

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

**I. IDENTIFYING INFORMATION**

**License #:** AM230008108

**Licensee Name:** Carole Moore-Kidder

**Licensee Address:** 1385 Gidner Rd  
Charlotte, MI 48813

**Licensee Telephone #:** (517) 543-2822

**Licensee Designee:** Shelby Moore

**Administrator:** Shelby Moore

**Name of Facility:** Moores Adult Foster Care Home.

**Facility Address:** P.O. Box 249  
1385 Gidner Rd.  
Charlotte, MI 48813

**Facility Telephone #:** (517) 543-2822

**Original Issuance Date:** 10/10/1983

**Capacity:** 12

**Program Type:** AGED  
ALZHEIMERS

## II. METHODS OF INSPECTION

Date of On-site Inspection(s): 10/27/2021

Date of Bureau of Fire Services Inspection if applicable: 10/07/2121

Date of Health Authority Inspection if applicable: 08/02/2021

Inspection Type:  Interview and Observation  Worksheet  
 Combination  Full Fire Safety

No. of staff interviewed and/or observed 1

No. of residents interviewed and/or observed 8

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: 10/30/19 for rules 734 (b), 203 (1)(a), 205 (3), 205 (5), 301 (4), 301 (9), and 318 (5) 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 determined to be in substantial compliance with rules and requirements. *(remove if this does not apply)*

This facility was found to be in non-compliance with the following rules:

#### **R 400.14203**

#### **Licensee and administrator training requirements.**

**(1) A licensee and an administrator shall complete the following educational requirements specified in subdivision (a) or (b) of this subrule, or a combination thereof, on an annual basis:**

**(a) Participate in, and successfully complete, 16 hours of training designated or approved by the department that is relevant to the licensee's admission policy and program statement.**

At the time of the onsite inspection licensee designee and administrator Shelby Moore stated he did not complete and could not produce documentation that he completed 16 hours of annual training.

**REPEAT VIOLATION from licensing study report dated October 15, 2019 and corrective action plan dated October 30, 2021 wherein Mr. Moore stated he would complete the required training.**

#### **R 400.14204**

#### **Direct care staff; qualifications and training.**

**(3) A licensee or administrator shall provide in-service training or make training available through other sources to direct care staff. Direct care staff shall be competent before performing assigned tasks, which shall include being competent in all of the following areas:**

**(a) Reporting requirements.**

**(e) Resident rights.**

One of two employee records reviewed did not contain written documentation that staff member #1 was trained in nor deemed competent in reporting requirements and resident rights.

**R 400.14403**

**Maintenance of premises.**

**(4) A roof, exterior walls, doors, skylights, and windows shall be weathertight and watertight and shall be kept in sound condition and good repair.**

The glass in the window in the resident bedroom across from the bathroom was cracked and chipped and in need of repair or replacement.

**IV. RECOMMENDATION**

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



11/01/2021

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Leslie Herrguth  
Licensing Consultant

Date