



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

ORLENE HAWKS
DIRECTOR

May 10, 2021

Ramchandra Mishra
Kozy Komfort Battle Creek AFC LLC
439 W Columbia Ave
Battle Creek, MI 49015

RE: License #: AS130403443
Kozy Komfort Battle Creek AFC LLC
261 Beachfield Dr
Battle Creek, MI 49015

Dear Mr. Mishra:

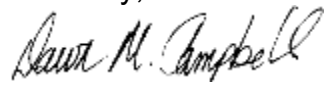
Attached is the Renewal Licensing Study Report for the facility referenced above. You have submitted an acceptable written corrective action plan addressing the violations cited in the report. To verify your implementation and compliance with this corrective action plan:

- You are to submit documentation of compliance. ***Submit copies of the bed rail authorizations for Residents A, B and C.***

The study has determined substantial compliance with applicable licensing statutes and administrative rules. Therefore, your license is renewed. It is valid only at your present address and is nontransferable.

Please contact me with any questions. If 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 "Dawn M. Campbell".

Dawn Campbell, Licensing Consultant
Bureau of Community and Health Systems
611 W. Ottawa Street
P.O. Box 30664
Lansing, MI 48909
(517) 899-5607

611 W. OTTAWA • P.O. BOX 30664 • LANSING, MICHIGAN 48909
www.michigan.gov/lara • 517-335-1980

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

I. IDENTIFYING INFORMATION

License #: AS130403443

Licensee Name: Kozy Komfort Battle Creek AFC LLC

Licensee Address: 261 Beachfield Dr
Battle Creek, MI 49015

Licensee Telephone #: (269) 359-5606

Licensee/Licensee Designee: Ramchandra Mishra

Administrator:

Name of Facility: Kozy Komfort Battle Creek AFC LLC

Facility Address: 261 Beachfield Dr
Battle Creek, MI 49015

Facility Telephone #: (269) 964-4580

Original Issuance Date: 11/17/2020

Capacity: 6

Program Type: PHYSICALLY HANDICAPPED
MENTALLY ILL
AGED
ALZHEIMERS

II. METHODS OF INSPECTION

Date of On-site Inspection(s): 05/10/2021

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 3
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. Licensee does not hold resident funds.
- 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 400.14306 Use of assistive devices.

(3) Therapeutic supports shall be authorized, in writing, by a licensed physician. The authorization shall state the reason for the therapeutic support and the term of the authorization.

Three resident records reviewed did not contain verification that a licensed physician authorized the use of bed rails for Resident's A, B and C.

R 400.14318 Emergency preparedness; evacuation plan; emergency transportation.

(5) A licensee shall practice emergency and evacuation procedures during daytime, evening, and sleeping hours at least once per quarter. A record of the practices shall be maintained and be available for department review.

The licensee did not conduct quarterly fire drills during the last quarter of the 2020 calendar year and first quarter of the 2021 calendar year.

A corrective action plan was requested and approved on 05/10/2021. 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

I recommend issuance of a 2-year regular adult foster care license.

 05/10/2021

Dawn Campbell
Licensing Consultant

Date