

GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS LANSING

ORLENE HAWKS DIRECTOR

December 11, 2020

Theresa & John Posey 7550 E. Allen Rd. Fenton, MI 48430

RE: License #: AS470312588

Posey's

8194 E. Allen Road Fenton, MI 48430

Dear Theresa & John Posey:

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,

Julie Elkins, Licensing Consultant

Bureau of Community and Health Systems

611 W. Ottawa Street

P.O. Box 30664

Julia Ellins

Lansing, MI 48909

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

I. IDENTIFYING INFORMATION

License #: AS470312588

Licensee Name: Theresa & John Posey

Licensee Address: 7550 E. Allen Road

Fenton, MI 48430

Licensee Telephone #: (810) 210-8167

Licensee: Theresa & John Posey

Administrator: Theresa Posey

Name of Facility: Posey's

Facility Address: 8194 E. Allen Road

Fenton, MI 48430

Facility Telephone #: (810) 623-2453

Original Issuance Date: 06/20/2012

Capacity: 6

Program Type: ALZHEIMERS

AGED

II. METHODS OF INSPECTION

Date	e of On-site Inspections:	12/02/2020		
Date of Bureau of Fire Services Inspection if applicable: N/A				
Date of Health Authority Inspection if applicable: 10/14/2020			10/14/2020	
Insp	ection Type:	☐ Interview and Observation☐ Combination		
No.	of staff interviewed and/ of residents interviewed of others interviewed		1 5	
•	Medication pass / simul	ated pass observed? Yes $igtigtigtigtigtigtigtigtarrow$	No ☐ If no, explain.	
•	Medication(s) and medication record(s) reviewed? Yes \boxtimes No \square If no, explain.			
•	Resident funds and associated documents reviewed for at least one resident? Yes \(\subseteq \text{No} \subseteq \text{If no, explain.} \) Meal preparation / service observed? Yes \(\subseteq \text{No} \subseteq \text{If no, explain.} \) inpsection was not durning mealtime. Fire drills reviewed? Yes \(\subseteq \text{No} \subseteq \text{If no, explain.} \)			
•	Fire safety equipment and practices observed? Yes $igtimes$ No $igcup$ If no, explain.			
•	E-scores reviewed? (Special Certification Only) Yes No N/A In 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 of N/A ⊠ Number of excluded em	compliance verified? Yes	CAP date/s and rule/s: N/A ⊠	
•	Variances? Yes ☐ (ple	ease explain) No 🖂 N/A 🗌		

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

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

R 400.14205

Health of a licensee, direct care staff, administrator, other employees, those volunteers under the direction of the licensee, and members of the household.

(6) A licensee shall annually review the health status of the administrator, direct care staff, other employees, and members of the household. Verification of annual reviews shall be maintained by the home and shall be available for department review.

At the time of the inspection, DCW Erin Issac's employee record did not contain verification that the licensee had annually reviewed her health care status.

IV. RECOMMENDATION

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

Julie Elkins Date Licensing Consultant