

GRETCHEN WHITMER
GOVERNOR

# STATE OF MICHIGAN DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS LANSING

ORLENE HAWKS DIRECTOR

November 23, 2021

Ondrea Louden Hudson's Country Manor, Inc. 9842 Oakland Dr. Portage, MI 49024

RE: License #: AL390292582

**Hudson's Country Manor, Inc.** 

9842 Oakland Dr. Portage, MI 49024

Dear Ms. Louden:

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. *Implementation and compliance with this corrective action plan will be verified at your next onsite inspection.* 

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,

Michele Streeter, Licensing Consultant Bureau of Community and Health Systems

611 W. Ottawa Street

michele Struter

P.O. Box 30664 Lansing, MI 48909

(269) 251-9037

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

#### I. IDENTIFYING INFORMATION

**License #:** AL390292582

Licensee Name: Hudson's Country Manor, Inc.

**Licensee Address:** 9842 Oakland Dr.

Portage, MI 49024

**Licensee Telephone #:** (269) 323-9752

**Licensee Designee:** Ondrea Louden, Designee

**Administrator:** Brittney Walker

Name of Facility: Hudson's Country Manor, Inc.

**Facility Address:** 9842 Oakland Dr.

Portage, MI 49024

**Facility Telephone #:** (269) 323-9752

Original Issuance Date: 08/29/2008

Capacity: 20

Program Type: DEVELOPMENTALLY DISABLED

MENTALLY ILL

Certified Programs: DEVELOPMENTALLY DISABLED

MENTALLY ILL

# **II. METHODS OF INSPECTION**

Date	e of On-site Inspection(s): 11/22/2021
Date	e of Bureau of Fire Services Inspection if applicable: 11/18/2021
Date	e of Health Authority Inspection if applicable: N/A
Insp	pection Type: ☐ Interview and Observation ☐ Worksheet ☐ Combination ☐ Full Fire Safety
No.	of staff interviewed and/or observed of residents interviewed and/or observed of others interviewed Role:
•	Medication pass / simulated pass observed? Yes $\boxtimes$ No $\square$ 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 $\square$ No $\boxtimes$ If no, explain. No resident funds held in trust. Meal preparation / service observed? Yes $\boxtimes$ No $\square$ If no, explain.
•	Fire drills reviewed? Yes ⊠ No □ If no, explain.
•	Fire safety equipment and practices observed? Yes $\boxtimes$ No $\square$ If no, explain.
•	E-scores reviewed? (Special Certification Only) Yes  No N/A Street No No N/A Street No No N/A Street No No N/A Street No No N/A
•	Incident report follow-up? Yes ⊠ No ☐ If no, explain.
•	Corrective action plan compliance verified? Yes $\boxtimes$ CAP date/s and rule/s: 08/14/2019: rules 311(1), 312(2). 11/20/2019: rules 402(1)(3) N/A $\square$ Number of excluded employees followed-up? N/A $\boxtimes$
•	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 400.15401 Environmental health.

(2) Hot and cold running water that is under pressure shall be provided. A licensee shall maintain the hot water temperature for a resident's use at a range of 105 degrees Fahrenheit to 120 degrees Fahrenheit at the faucet.

FINDINGS: Water tested in resident bathroom #1 was 99 degrees Fahrenheit. Water tested in resident bathroom #2 was 86 degrees Fahrenheit. Water tested in resident bathroom #3 was 72 degrees Fahrenheit.

A corrective action plan was requested and approved on 11/22/2021. 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 and special certification.

## IV. RECOMMENDATION

I recommend issuance of a two-year adult foster care license and special certification for the mentally ill and developmentally disabled population.

Michele Streeter Date
Licensing Consultant