

GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS LANSING

ORLENE HAWKS DIRECTOR

August 25, 2021

Theodis Wilborn FDX2 Ventures LLC/dba Rehabitat Systems 6500 N Seymour Rd Flushing, MI 48433

RE: License #: AM250362950

Country View

6484 N Seymour Rd Flushing, MI 48433

Dear Mr. Wilborn:

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 and/or
- An on-site inspection will be conducted.

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. In the event that I am not available and you need to speak to someone immediately, you may contact the local office at (906) 226-4171.

Sincerely,

Christopher Holvey, Licensing Consultant

Christolin A. Holvey

Bureau of Community and Health Systems

611 W. Ottawa Street

P.O. Box 30664

Lansing, MI 48909

(517) 899-5659

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 #: AM250362950

Licensee Name: FDX2 Ventures LLC/dba Rehabitat Systems

Licensee Address: 6500 N Seymour Rd

Flushing, MI 48433

Licensee Telephone #: (810) 487-3200

Licensee/Licensee Designee: Theodis Wilborn, Designee

Administrator: Theodis Wilborn

Name of Facility: Country View

Facility Address: 6484 N Seymour Rd

Flushing, MI 48433

Facility Telephone #: (810) 487-3200

Original Issuance Date: 03/06/2015

Capacity: 12

Program Type: PHYSICALLY HANDICAPPED

DEVELOPMENTALLY DISABLED

MENTALLY ILL

AGED

TRAUMATICALLY BRAIN INJURED

II. METHODS OF INSPECTION

Dat	e of On-site Inspection(s	08/23/2021	
Date of Bureau of Fire Services Inspection if applicable:			07/02/2021
Date of Health Authority Inspection if applicable:			07/08/2021
Inspection Type:		⊠ Worksheet □ Full Fire Safety	
No. of staff interviewed and/or observed No. of residents interviewed and/or observed No. of others interviewed O Role:		4 9	
•	Medication pass / simulated pass observed? Yes $igtimes$ No $igcup$ 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 \boxtimes No \square If no, explain. 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 $oximes$ No $oximes$ 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 compliance verified? Yes ☐ CAP date/s and rule/s:		
•	Number of excluded en	nployees followed-up?	N/A 🖂
•	Variances? Yes ☐ (pl	ease explain) No 🗌 N/A 🔯	

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

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

R 400.14401 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.

Facility's water temperature was found to be over the maximum temperature allowed of 120 degrees.

R 400.14408 Bedrooms generally.

(4) Interior doorways of bedrooms that are occupied by residents shall be equipped with a side-hinged, permanently mounted door that is equipped with positive-latching, nonlocking-against-egress hardware.

One resident bedroom had a door handle that was not considered to be equipped with positive latching, nonlocking-against-egress hardware.

R 400.14510 Heating equipment generally.

(2) A furnace, water heater, heating appliances, pipes, woodburning stoves and furnaces, and other flame-or heat producing equipment shall be installed in a fixed or permanent manner and in accordance with a manufacturer's instructions and shall be maintained in a safe condition.

The dryer duct that the facility had on the dryer was made of a material other than the required metal.

R 400.14511 Flame-producing equipment; enclosures.

(2) Heating plants and other flame-producing equipment located on the same level as the residents shall be enclosed in a room that is constructed of material which has a 1-hour-fire resistance rating, and the door shall be made of 1 3/4-inch solid core wood. The door shall be hung in a fully stopped wood or steel frame

and shall be equipped with an automatic self-closing device and positive-latching hardware.

The fire door located on the facility's furnace room did not fully close and/or latch.

A corrective action plan was requested and approved on 08/23/2021. 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

An acceptable corrective action plan has been received. Renewal of the license is recommended.

8/25/2021

Christopher Holvey Date

Licensing Consultant

Christolin A. Holvey