

GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS LANSING

ORLENE HAWKS DIRECTOR

December 1, 2021

Steven Wilson Whispering Pines 2 AFC, LLC 1878 Soules Rd. Afton, MI 49705

RE: License #: AM160386603

Whispering Pines 2 1878 Soules Rd. Afton, MI 49705

Dear Mr. Wilson:

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 an on-site inspection will be conducted. The study has determined substantial compliance with applicable licensing statutes and administrative rules. Therefore, your license and special certification 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 (616) 356-0183.

Sincerely,

Adam Robarge, Licensing Consultant

eda Polran

Bureau of Community and Health Systems

701 S. Elmwood, Suite 11 Traverse City, MI 49684

(231) 350-0939

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

I. IDENTIFYING INFORMATION

License #: AM160386603

Licensee Name: Whispering Pines 2 AFC, LLC

Licensee Address: 1878 Soules Rd.

Afton, MI 49705

Licensee Telephone #: (231) 238-9715

Licensee Designee: Steven Wilson, Designee

Administrator: Dorthy Wilson

Name of Facility: Whispering Pines 2

Facility Address: 1878 Soules Rd.

Afton, MI 49705

Facility Telephone #: (231) 238-9715

Original Issuance Date: 06/05/2017

Capacity: 12

Program Type: PHYSICALLY HANDICAPPED

DEVELOPMENTALLY DISABLED

MENTALLY ILL

Certified Programs: DEVELOPMENTALLY DISABLED

MENTALLY ILL

II. METHODS OF INSPECTION

Date of On-site Ins	spection(s):	11/17/2021	
Date of Bureau of	Fire Services Inspection	n if applicable: 04/27/202	1
Date of Health Aut	thority Inspection if appl	icable: 08/31/2021	
Inspection Type:	☐ Interview a ☐ Combinati	and Observation 🛚 Work on 🔲 Full F	sheet Fire Safety
	ewed and/or observed terviewed and/or observ viewed 2 Role: L	2 ved 12 .icensee des. & administra	ator
Medication pa	ass / simulated pass obs	served? 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 revi	ewed? Yes ⊠ No □	If no, explain.	
Fire safety eq	uipment and practices o	observed? Yes⊠ No □	If no, explain.
If no, explain.		ation Only) Yes ⊠ No ☐ ☑ No ☐ If no, explain.] N/A 🗌
 Incident report 	t follow-up? Yes ⊠ No	o ☐ If no, explain.	
N/A		rified? Yes CAP date	/s and rule/s:
 Number of ex 	cluded employees follov	wed-up? N/A ⊠	
Variances? Y	′es	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.

The water temperature was measured at 121 degrees Fahrenheit in two bathrooms at the time of the inspection.

R 400.14402 Food service.

(3) All perishable food shall be stored at temperatures that will protect against spoilage. All potentially hazardous food shall be kept at safe temperatures. This means that all cold foods are to be kept cold, 40 degrees Fahrenheit or below, and that all hot foods are to be kept hot, 140 degrees Fahrenheit or above, except during periods that are necessary for preparation and service. Refrigerators and freezers shall be equipped with approved thermometers.

There was no thermometer in the kitchen freezer at the time of the inspection.

R 400.14410 Bedroom furnishings.

- (1) The bedroom furnishings in each bedroom shall include all of the following:
 - (d) At least 1 chair.

Two bedrooms did not have at least one chair available to residents during the time of the inspection.

A corrective action plan was requested and approved on November 17, 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 regular adult foster care license.

12/1/2021

Adam Robarge Licensing Consultant

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Date