



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

ORLENE HAWKS  
DIRECTOR

December 10, 2021

Timothy Rantz  
Ferry AFC Home, LLC  
1564 N. M 63  
Benton Harbor, MI 49022

RE: License #: AL110388345  
Investigation #: 2022A0579009  
Golden Shore

Dear Mr. Rantz:

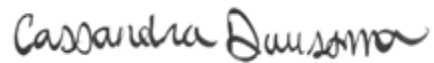
Attached is the Special Investigation Report for the above referenced facility. Due to the violations identified in the report, a written corrective action plan is required. The corrective action plan is due 15 days from the date of this letter and must include the following:

- How compliance with each rule will be achieved.
- Who is directly responsible for implementing the corrective action for each violation.
- Specific time frames 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 responsible party and a date.

If you desire technical assistance in addressing these issues, please contact me. In any event, the corrective action plan is due within 15 days. Failure to submit an acceptable corrective action plan will result in disciplinary action.

Please review the enclosed documentation for accuracy and contact me with any questions. In the event that I am not available and you need to speak to someone immediately, please contact the local office at (616) 356-0183.

Sincerely,

A handwritten signature in black ink that reads "Cassandra Duursma". The script is cursive and fluid.

Cassandra Duursma, Licensing Consultant  
Bureau of Community and Health Systems  
350 Ottawa Ave NW, 7<sup>th</sup> Floor- Unit 13  
Grand Rapids, MI 49503  
(269) 615-5050

enclosure

**MICHIGAN DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
BUREAU OF COMMUNITY AND HEALTH SYSTEMS  
SPECIAL INVESTIGATION REPORT**

**I. IDENTIFYING INFORMATION**

<b>License #:</b>	AL110388345
<b>Investigation #:</b>	2022A0579009
<b>Complaint Receipt Date:</b>	11/23/2021
<b>Investigation Initiation Date:</b>	11/23/2021
<b>Report Due Date:</b>	01/22/2022
<b>Licensee Name:</b>	Ferny AFC Home, LLC
<b>Licensee Address:</b>	1564 N. M 63 Benton Harbor, MI 49022
<b>Licensee Telephone #:</b>	(269) 449-5400
<b>Administrator:</b>	Timothy Rantz
<b>Licensee Designee:</b>	Timothy Rantz
<b>Name of Facility:</b>	Golden Shore
<b>Facility Address:</b>	1564 N. M 63 Benton Harbor, MI 49022
<b>Facility Telephone #:</b>	(269) 210-5293
<b>Original Issuance Date:</b>	11/07/2017
<b>License Status:</b>	REGULAR
<b>Effective Date:</b>	12/02/2020
<b>Expiration Date:</b>	12/01/2022
<b>Capacity:</b>	20
<b>Program Type:</b>	PHYSICALLY HANDICAPPED AGED

## II. ALLEGATION(S)

	<b>Violation Established?</b>
The facility received a failing fire safety rating from the Bureau of Fire Services.	Yes

## III. METHODOLOGY

11/23/2021	Special Investigation Intake 2022A0579009
11/23/2021	Special Investigation Initiated - Face to Face Sandi Pullens, Direct Care Worker Timothy Rantz, Licensee Designee
11/24/2021	Contact- Telephone call received Timothy Rantz, Licensee Designee
12/08/2021	Contact- Document sent Larry Lamb, Fire Marshal
12/09/2021	Exit Conference License Designee, Timothy Rantz

**ALLEGATION:** The facility received a failing fire safety rating from the Bureau of Fire Services.

**INVESTIGATION:** On 11/22/2021, I entered this referral into the Bureau of Community Health Systems on-line complaint system after receiving the Bureau of Fire Services Report noting that deficiencies identified on 10/13/2021, were not resolved during Fire Marshal Larry Lamb's follow-up inspection on 11/15/2021. The deficiencies listed on the 10/13/2021 report include:

- The basement fire rated door, protecting the stairwell, is badly rusted and no longer closes. It must close on its own to a positive latch.
- Items stored in basement are blocking egress. Storage must be consolidated so that it is neat and safe. A minimum of 36 inches of space must be available to exit. Empty boxes stored under stairwell in the basement need to be removed.
- A plug strip in the basement is hanging on its own weight.
- An electrical receptacle in bedroom #10, to the left of the bed, was difficult to accept plug and must be replaced.

- The electric heater in “Slop Closet” was blocked by a plastic service cart.
- Please clean leaves, mud, and debris in front of doors. Please develop a plan for snow removal that includes basement egress walkways.
- Records of the Hood Fire Protection System bi-annual inspections were not available at time of inspection. The last hood cleaning, per its sticker, was 05/2021. Last inspection noted on its tag was 10/2020.
- No records of Fire Alarm General Testing or Sensitivity Testing were available at the time of the inspection.
- The sprinkler system requires quarterly and annual service to remain compliant. No records were available for required sprinkler testing. The card on riser showed the last annual inspection on 03/08/2021. Quarterly tests were not documented. There was also an 18-inch sprinkler violation in the linen closet near the medication room.
- No fire drills were conducted for the third quarter of 2021. Additionally, no third shift fire drill was held in the second quarter of 2021.
- No emergency light testing was performed in June, July, August, and September of 2021.
- The owner’s office is being used as storage. If this situation continues, the room will need to have an automatic door closer installed and be treated as a hazard room.

On 11/23/2021, I completed an unannounced on-site investigation at the facility. Interviews were completed with Ms. Pullens (Direct Care Worker) and Mr. Rantz (Licensee Designee).

Ms. Pullens stated she is not certain of all the corrections requested by Mr. Lamb, but Mr. Rantz has been working daily to correct everything that needed correction since the last time Mr. Lamb was at the facility.

Mr. Rantz stated he has been working daily to resolve the issues identified by Mr. Lamb. He stated he was aware of the violations since October 2021 but had multiple personal matters that took time and needed his immediate attention. He stated those matters have now been addressed and he intends to have Mr. Lamb return to the home tomorrow to show him the progress that has been made at the home.

Mr. Rantz showed me that he was in the process of working on the fire door to the basement when I arrived. He showed me that he had cleared a path 36 inches wide leading through the basement. He stated he will be removing the items he stored

beneath the stairway today. He showed me the plug strip that was previously hanging in the basement had been secured. The outlet in bedroom #10 was not observed, as the resident was sleeping, but Mr. Rantz reported the receptacle was replaced. He showed me the plastic service cart had been moved from in front of the electric heater in the supply closet. He stated he would be removing the leaves that accumulated in front of the egress doors and he is aware he will need to shovel a path for egress in the winter. He stated he will provide inspection records for the fire hood, sprinkler system, emergency lights, and fire alarm general/sensitivity testing to Mr. Lamb to confirm his compliance. He stated items were moved away from the sprinkler head in the linen closet near the medication room. He acknowledged he had gotten behind on fire drills and showed he has already completed one and will complete two more during different shifts to come into compliance. He stated and showed that he is using his office for storage but reported he is also in the process of removing items so the room does not need a door closer and can remain as an office.

On 11/24/2021, Mr. Rantz stated he obtained the necessary documents and completed the necessary corrections. He stated Mr. Lamb came to the home today and told him he would be receiving a passing rating as he was now in compliance.

On 12/08/2021, I sent an email to Mr. Lamb inquiring if he had issued a passing rating for the facility. He responded confirming Mr. Rantz corrected all the violations and he issued a passing rating after completing an inspection in the home on 11/24/2021.

<b>APPLICABLE RULE</b>	
<b>R 400.15403</b>	<b>Maintenance of premises.</b>
	<b>(1) A home shall be constructed, arranged, and maintained to provide adequately for the health, safety, and well-being of occupants.</b>
<b>ANALYSIS:</b>	<p>I received a failing Bureau of Fire Services fire safety rating for the facility on 11/23/2021 after an inspection on 11/15/2021, completed by Fire Marshal Larry Lamb, found that multiple violations found on 10/13/2021 were not addressed.</p> <p>I conducted an unannounced on-site on 11/23/2021 and found that Mr. Rantz was actively working to address the violations noted in the Bureau of Fire Services report. I observed Mr. Rantz progress on all violations noted in the report.</p> <p>Mr. Rantz informed me that Mr. Lamb issued a passing rating after re-inspecting the facility on 11/24/2021 and observing the corrections Mr. Rantz had made.</p>

	<p>Mr. Lamb confirmed he issued a passing rating to the facility after an inspection onsite on 11/24/2021.</p> <p>Based on the interviews completed and observations made, there is sufficient evidence to support the allegation that the facility was not previously maintained in a way to provide adequate health, safety, and well-being for all residents due to the disapproval from the Bureau of Fire Services.</p>
<b>CONCLUSION:</b>	<b>VIOLATION ESTABLISHED</b>

On 12/09/2021, I completed an exit conference with License Designee, Mr. Rantz. He did not dispute my findings or recommendations at that time.

**IV. RECOMMENDATION**

Contingent upon receipt of an acceptable plan of corrective action, I recommend the status of the license remains the same.

*Cassandra Duursma*

12/09/2021

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Cassandra Duursma  
Licensing Consultant

\_\_\_\_\_  
Date

Approved By:

*Jerry Hendrick*

12/09/2021

\_\_\_\_\_  
Jerry Hendrick  
Area Manager

\_\_\_\_\_  
Date