



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

ORLENE HAWKS
DIRECTOR

February 10, 2022

Kay Thren and Jamie Thren
5806 W Weidman Rd
Weidman, MI 48893

RE: License #: AF370339361
Thren AFC
5806 W Weidman Rd
Weidman, MI 48893

Dear Kay Thren and Jamie Thren:

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. Your license with special certification is renewed. To verify your implementation and compliance with this corrective action plan:

- You are to submit documentation of compliance or an on-site inspection will be conducted by 3/9/2022.

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,

A handwritten signature in black ink that reads "Jennifer Browning".

Jennifer Browning, Licensing Consultant
Bureau of Community and Health Systems
Browningj1@michigan.gov - (989) 444-9614

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

I. IDENTIFYING INFORMATION

License #:	AF370339361
Licensee Name:	Kay Thren and Jamie Thren
Licensee Address:	5806 W Weidman Rd Weidman, MI 48893
Licensee Telephone #:	(989) 644-2761
Licensee/Licensee Designee:	N/A
Administrator:	N/A
Name of Facility:	Thren AFC
Facility Address:	5806 W Weidman Rd Weidman, MI 48893
Facility Telephone #:	(989) 506-6895
Original Issuance Date:	09/09/2013
Capacity:	4
Program Type:	DEVELOPMENTALLY DISABLED MENTALLY ILL
Certified Programs:	DEVELOPMENTALLY DISABLED MENTALLY ILL

II. METHODS OF INSPECTION

Date of On-site Inspection(s): 02/09/2022

Date of Bureau of Fire Services Inspection if applicable: Not applicable.

Date of Health Authority Inspection if applicable: 11/22/2021

Inspection Type: Interview and Observation Worksheet
 Combination Full Fire Safety

No. of staff interviewed and/or observed 1
No. of residents interviewed and/or observed 0
No. of others interviewed [redacted] Role: [redacted]

- Medication pass / simulated pass observed? 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.
The inspection was not done during meal times. The food at the facility appeared safe and free from spoilage and contamination, the food service equipment was in good repair, and the facility appeared equipped to prepare and serve adequate meals.
- Fire drills reviewed? Yes No If no, explain.
- Fire safety equipment and practices observed? Yes No If no, explain.
- E-scores reviewed? (Special Certification Only) Yes No 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: N/A
- Number of excluded employees followed-up? N/A
- 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 400.1422

Resident records.

(1) A licensee shall complete and maintain a separate record for each resident and shall provide record information as required by the department. A resident record shall include, at a minimum, all of the following information:

(a) Identifying information, including, at a minimum, all of the following:

(i) Name.

(ii) Social security number.

(iii) Home address.

(iv) Name, address, and telephone number of the next of kin or designated representative.

(v) Name, address, and telephone number of person or agency responsible for the resident's placement in the home.

(vi) Name, address, and telephone number of the preferred physician and hospital.

Resident A and C were missing the Resident Identification information form.

R 400.1431

Bedrooms generally.

(3) Interior doorways of bedrooms occupied by residents shall be equipped with a side-hinged, permanently mounted door equipped with positive-latching, non-locking-against-egress hardware.

All three resident bedrooms had doors that were not equipped with positive latching, non-locking against egress hardware.

A corrective action plan was requested and approved on 02/09/2022. 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 and special certification is recommended.



Jennifer Browning
Licensing Consultant

2/10/2022

Date