



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

ORLENE HAWKS
DIRECTOR

October 19, 2021

Angela Snyder
ADAPT, Inc.
202 Morse Street
Coldwater, MI 49036

RE: License #: AS120359238
Gail Ann Home
123 Gail Ann Drive
Coldwater, MI 49036

Dear Ms. Snyder:

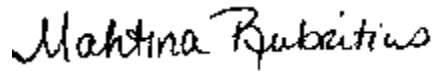
Attached is the Renewal Licensing Study Report for the facility referenced above. The violations cited in the report require the submission of a written corrective action plan. The corrective action plan is due 15 days from the date of this letter and must include the following:

- How compliance with each rule will be achieved.
- Who is directly responsible for implementing the corrective action for each violation.
- Specific dates 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 licensee or licensee designee and a date.

Upon receipt of an acceptable corrective plan, a regular license will be issued. If you fail to submit an acceptable corrective action plan, disciplinary action will result.

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 (313) 456-0380.

Sincerely,



Mahtina Rubritius, Licensing Consultant
Bureau of Community and Health Systems
Cadillac Place
3026 W. Grand Blvd., Ste. #9-100
Detroit, MI 48202
(517) 262-8604

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

I. IDENTIFYING INFORMATION

License #: AS120359238

Licensee Name: ADAPT, Inc.

Licensee Address: 202 Morse Street
Coldwater, MI 49036

Licensee Telephone #: (517) 279-7531

Licensee/Licensee Designee: Angela Snyder

Administrator: Angela Snyder

Name of Facility: Gail Ann Home

Facility Address: 123 Gail Ann Drive
Coldwater, MI 49036

Facility Telephone #: (517) 278-8290

Original Issuance Date: 03/01/2015

Capacity: 6

Program Type: PHYSICALLY HANDICAPPED
DEVELOPMENTALLY DISABLED
MENTALLY ILL

II. METHODS OF INSPECTION

Date of On-site Inspection(s): 08/25/2021 (On-site Inspection) & 10/13/2021 (Paperwork Review)

Date of Bureau of Fire Services Inspection if applicable: N/A

Date of Health Authority Inspection if applicable: Requested.

Inspection Type: Interview and Observation Worksheet
 Combination Full Fire Safety

No. of staff interviewed and/or observed 4

No. of residents interviewed and/or observed 5

No. of others interviewed 0 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.
- 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: R 400. 14312 (2) & R 400. 14510 (2) 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 400.14403 Maintenance of premises.

(5) Floors, walls, and ceilings shall be finished so as to be easily cleanable and shall be kept clean and in good repair.

- The paint on the wall in the shower room was peeling and required repair.
- The trim above the shower room door required repair.

IV. RECOMMENDATION

Contingent upon receipt of an approved Environmental Health Inspection Report, and an acceptable corrective action plan, renewal of the license and the special certification is recommended.

Mahtina Rubritius

10/19/2021

Mahtina Rubritius
Licensing Consultant

Date