

GRETCHEN WHITMER GOVERNOR

STATE OF MICHIGAN DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS LANSING

ORLENE HAWKS DIRECTOR

February 18, 2022

Kelly Payton-Bauman Payton's AFC Home Inc 05520 Kuzmick Road Elmira, MI 49730

RE: License #: AM150086769

Payton's AFC Home 05520 Kuzmick Road Elmira, MI 49730

Dear Ms. Payton-Bauman:

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.

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 (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 #: AM150086769

Licensee Name: Payton's AFC Home Inc

Licensee Address: 05520 Kuzmick Road

Elmira, MI 49730

Licensee Telephone #: (231) 549-2790

Licensee Designee: Kelly Payton-Bauman, Designee

Administrator: Kelly Payton-Bauman

Name of Facility: Payton's AFC Home

Facility Address: 05520 Kuzmick Road

Elmira, MI 49730

Facility Telephone #: (231) 549-2790

Original Issuance Date: 09/01/1999

Capacity: 12

Program Type: PHYSICALLY HANDICAPPED

DEVELOPMENTALLY DISABLED

MENTALLY ILL

AGED

II. METHODS OF INSPECTION

Date of On-site Inspection(s):		02/18/2022	
Date of Bureau of Fire Services Inspection if applicable: 7/12/2021			
Date of Health Authority In	spection if applicable:	01/17/2022	
Inspection Type:	☐ Interview and Ob☐ Combination		orksheet ull Fire Safety
No. of staff interviewed and/or observed 2 No. of residents interviewed and/or observed 11 No. of others interviewed 1 Role: Licensee Designee			
Medication pass / sim	ulated 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.			
N/A 🗌	compliance verified? employees followed-up		
_	olease 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.

The water was measured at 104 degrees Fahrenheit at the kitchen sink at the time of the inspection.

A corrective action plan was requested and approved on 02/18/2022. 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

I recommend issuance of a two-year regular adult foster care license.

Adam Robarge Date
Licensing Consultant