



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

ORLENE HAWKS
DIRECTOR

March 2, 2022

Deborah Daly
Summertree Residential Centers, Inc.
210 N Lake Street
Boyne City, MI 49712

RE: License #: AS150067537
Autumnvue Clf
109 Pine Street
East Jordan, MI 49727

Dear Ms. Daly:

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 or home for the aged authorized representative 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 (616) 356-0183.

Sincerely,

A handwritten signature in cursive script that reads "Adam Robarge".

Adam Robarge, Licensing Consultant
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 #: AS150067537

Licensee Name: Summertree Residential Centers, Inc.

Licensee Address: 210 N Lake Street
Boyne City, MI 49712

Licensee Telephone #: (231) 582-2225

Licensee/Licensee Designee: Deborah Daly, Designee

Administrator: Cassie Craft

Name of Facility: Autumnvue Clf

Facility Address: 109 Pine Street
East Jordan, MI 49727

Facility Telephone #: (231) 536-2455

Original Issuance Date: 10/01/1995

Capacity: 6

Program Type: PHYSICALLY HANDICAPPED
DEVELOPMENTALLY DISABLED
AGED

II. METHODS OF INSPECTION

Date of On-site Inspection(s): 03/01/2022

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

Date of Environmental/Health Inspection if applicable: N/A

Inspection Type: Interview and Observation Worksheet
 Combination Full Fire Safety

No. of staff interviewed and/or observed 3
No. of residents interviewed and/or observed 5
No. of others interviewed 1 Role: Licensee Designee

- 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: 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 400.14208 Direct care staff and employee records.

- (1) A licensee shall maintain a record for each employee. The record shall contain the following employee information:
 - (e) Verification of experience, education, and training.
- (2) The written policies and procedures identified in subrule (1) of this rule shall be given to employees and volunteers at the time of appointment. A verification of receipt of the policies and procedures shall be maintained in the personnel records.

Verification of training for one staff was not available for review at the time of the inspection.

R 400.14301 Resident admission criteria; resident assessment plan; emergency admission; resident care agreement; physician's instructions; health care appraisal.

- (6) At the time of a resident's admission, a licensee shall complete a written resident care agreement. A resident care agreement is the document which is established between the resident or the resident's designated representative, the responsible agency, if applicable, and the licensee and which specifies the responsibilities of each party.

One resident's written resident care agreement did not include a signature of the resident's responsible agency.

R 400.14318 Emergency preparedness; evacuation plan; emergency transportation.

- (5) A licensee shall practice emergency and evacuation procedures during daytime, evening, and sleeping hours at least once per quarter. A record of the practices shall be maintained and be available for department review.

No sleeping hours fire drill was practiced and/or documented during the last quarter of 2021.

R 400.14410

Bedroom furnishings.

(1) The bedroom furnishings in each bedroom shall include all of the following:

- (a) An adequate closet or wardrobe.
- (b) Lighting that is sufficient for reading and other resident activities.
- (c) A bureau or dresser or equivalent.
- (d) At least 1 chair.

One resident room did not include at least 1 chair during the time of the inspection.

IV. RECOMMENDATION

Upon receipt of an acceptable corrective action plan, renewal of the license is recommended.



3/2/2022

Adam Robarge
Licensing Consultant

Date