

GRETCHEN WHITMER GOVERNOR

STATE OF MICHIGAN DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS LANSING

ORLENE HAWKS DIRECTOR

March 16, 2022

Connie and Jack Sigler 4561 Oak Glen Drive Camden, MI 49232

RE: License #: AF300311389

Home Away From Home 4561 Oak Glen Drive Camden, MI 49232

Dear Connie and Jack Sigler:

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 for Rule 400.1405 (3) by March 29, 2022.
- You are to submit a Statement of Correction for Rule 400.1426 (5) by March 29, 2022.

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 (313) 456-0380.

Sincerely,

Maktina Rubertius

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 #: AF300311389

Licensee Name: Connie and Jack Sigler

Licensee Address: 4561 Oak Glen Drive

Camden, MI 49232

Licensee Telephone #: (517) 567-8503

Licensee/Licensee Designee: N/A

Administrator: N/A

Name of Facility: Home Away From Home

Facility Address: 4561 Oak Glen Drive

Camden, MI 49232

Facility Telephone #: (517) 567-8503

Original Issuance Date: 01/11/2011

Capacity: 3

Program Type: DEVELOPMENTALLY DISABLED

MENTALLY ILL ALZHEIMERS

AGED

II. METHODS OF INSPECTION

Date of On-site Inspection(s): 03/15/2022			
Date of Bureau of Fire Services Inspection if applicable: N/A			
Date of Health Authority Inspection if applicable: 01/12/2022			
Inspection Type:		☐ Interview and Observat ☐ Combination	ion
No. of staff interviewed and/or No. of residents interviewed at No. of others interviewed			1 2
•	Medication pass / simu	ulated pass observed? Yes	No □ If no, explain.
•	Medication(s) and medication record(s) reviewed? Yes \boxtimes No \square If no, explain		
	Resident funds and associated documents reviewed for at least one resident? Yes \boxtimes No \square If no, explain. Meal preparation / service observed? Yes \boxtimes No \square If no, explain.		
•	Fire drills reviewed? Yes ⊠ No □ If no, explain.		
•	Fire safety equipment and practices observed? Yes \boxtimes No \square If no, explain.		
	E-scores reviewed? (Special Certification Only) Yes \(\subseteq \text{No} \subseteq \text{N/A} \text{ \end{align*}} If no, explain. Water temperatures checked? Yes \(\subseteq \text{ No} \subseteq \text{ If no, explain.}		
•	Incident report follow-up? Yes \(\subseteq \text{No} \(\subseteq \text{If no, explain.} \) There were no incident reports submitted that required follow-up. Corrective action plan compliance verified? Yes \(\subseteq \text{CAP date/s and rule/s:} \) N/A \(\subseteq \text{Number of excluded employees followed-up?} \) N/A \(\subseteq \text{N/A} \(\subseteq \te		
		mployees followed-up? lease explain) No 🗌 N/A [N/A ⊠
-	varianoco: 1 co	icase explain, 140 [14/7]	

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

This facility was found to be in non-compliance with the following rules:

R 400.1405

Health of a licensee, responsible person, and member of the household.

- (3) A licensee shall provide the department with written evidence that he or she and each responsible person in the home is free from communicable tuberculosis. Verification shall be within the 3-year period before employment and verification shall occur every 3 years thereafter.
 - There was no documentation provided to demonstrate that Mr. Sigler, Licensee, had been tested for communicable tuberculosis.

R 400.1426

Maintenance of premises.

- (1) The premises shall be maintained in a clean and safe condition.
 - The hot water temperature at the faucet was 126.7 degrees Fahrenheit. The hot water temperature should be maintained in a range of 105 degrees Fahrenheit to 120 degrees Fahrenheit.

A corrective action plan was requested and approved on 03/16/2022. 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 is recommended.

Mahtina Rubritius 03/16/2022

Mahtina Rubritius Date
Licensing Consultant