



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

ORLENE HAWKS
DIRECTOR

March 11, 2022

Ruth and Steve Williams
307 Quarry
Jackson, MI 49201

RE: License #: AF380002778
Williams AFC Home
307 Quarry
Jackson, MI 49201

Dear Ruth and Steve Williams:

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.

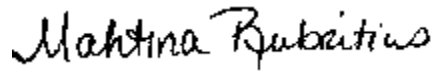
To verify your implementation and compliance with this corrective action plan:

- You are to submit documentation of compliance for R 400.1405 (3) by March 28, 2022.
- You are to submit a Statement of Correction for R 400.1421 (6) & R 400.1426 (1) by March 28, 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,

A handwritten signature in black ink that reads "Mahtina Rubritius". The signature is written in a cursive, flowing style.

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 #:	AF380002778
Licensee Name:	Ruth and Steve Williams
Licensee Address:	307 Quarry Jackson, MI 49201
Licensee Telephone #:	(517) 788-9917
Licensee/Licensee Designee:	N/A
Administrator:	N/A
Name of Facility:	Williams AFC Home
Facility Address:	307 Quarry Jackson, MI 49201
Facility Telephone #:	(517) 788-9917
Original Issuance Date:	04/20/1981
Capacity:	6
Program Type:	DEVELOPMENTALLY DISABLED MENTALLY ILL AGED

II. METHODS OF INSPECTION

Date of On-site Inspection(s): 03/10/2022

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

Date of Health Authority Inspection if applicable: N/A

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 4
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.
There were no incident reports submitted that required review.
- Corrective action plan compliance verified? Yes CAP date/s and rule/s:
R 400.1405 (3), R 400.1426 (1) and R 400.1437 (1)(a)(b) 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 400.1405 **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.

- Ms. Williams reported that she had been tested for tuberculosis; however, at the time of the on-site inspection, she could not locate a copy of the test results. Ms. Williams agreed to contact the Jackson County Health Department and submit an updated copy by March 28, 2022.

R 400.1421 **Handling of resident funds and valuables.**

(3) A licensee shall have a resident's funds and valuables transaction form completed and on file for each resident. A department form shall be used unless prior authorization for a substitute form has been granted in writing by the department.

- The *Resident Funds Part II* forms were inaccurate for Resident A. Technical assistance was provided regarding completion of the forms.

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 127 degrees Fahrenheit. The hot water temperature shall be maintained between 105 degrees Fahrenheit and 120 degrees Fahrenheit.

THIS IS A REPEAT VIOLATION (Renewal Inspection 03/30/2020).

A corrective action plan was requested and approved on 03/10/2022. 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.

Makina Rubaitis

03/11/2022

Date

Licensing Consultant