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GOVERNOR

# STATE OF MICHIGAN DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS LANSING

ORLENE HAWKS DIRECTOR

March 7, 2022

Mistie Hyatt 320 E. Long Lake Road Orleans, MI 48865

RE: License #: AF340389673

Sunshine Acres A.F.C. 320 E. Long Lake Road Orleans, MI 48865

Dear Ms. Hyatt:

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 (517) 284-9730.

Sincerely,

Jennifer Browning, Licensing Consultant

Bureau of Community and Health Systems Browningj1@michigan.gov - (989) 444-9614

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

#### I. IDENTIFYING INFORMATION

**License #:** AF340389673

Licensee Name: Mistie Hyatt

**Licensee Address:** 320 E. Long Lake Road

Orleans, MI 48865

**Licensee Telephone #:** (989) 637-1015

Licensee: Mistie Hyatt

Administrator: N/A

Name of Facility: Sunshine Acres A.F.C.

**Facility Address:** 320 E. Long Lake Road

Orleans, MI 48865

**Facility Telephone #:** (616) 255-7454

Original Issuance Date: 09/08/2017

Capacity: 6

Program Type: PHYSICALLY HANDICAPPED

DEVELOPMENTALLY DISABLED

MENTALLY ILL

**AGED** 

# **II. METHODS OF INSPECTION**

Date of On-site Inspection(s):	02/23/2	02/23/2022		
Date of Bureau of Fire Services Ir	spection if applicable:	Not applicable		
Date of Health Authority Inspectio	n if applicable:	02/09/2022		
· · · · · · · · · · · · · · · · · · ·	terview and Observation ombination	n ⊠ Worksheet □ Full Fire Safety		
No. of staff interviewed and/or obs No. of residents interviewed and/o No. of others interviewed		1 5		
Medication pass / simulated p	oass observed? Yes ⊠	〗No □ If no, explain.		
Medication(s) and medication record(s) reviewed? Yes ⊠ No ☐ If no, explain.				
<ul> <li>Resident funds and associated documents reviewed for at least one resident? Yes ⋈ No ☐ If no, explain.</li> <li>Meal preparation / service observed? Yes ☐ No ⋈ If no, explain. The inspection was not done during meal times. The food at the facility appeared safe and free from spoilage and contamination, the food service equipment was in good repair, and the facility appeared equipped to prepare and serve adequate meals.</li> <li>Fire drills reviewed? Yes ⋈ No ☐ If no, explain.</li> </ul>				
• Fire safety equipment and practices observed? Yes ⊠ No ☐ If no, explain.				
<ul> <li>E-scores reviewed? (Special Certification Only) Yes ☐ No ☐ N/A ☐ If no, explain.</li> <li>Water temperatures checked? Yes ☐ No ☐ If no, explain.</li> </ul>				
Incident report follow-up? Yes ⊠ No □ If no, explain.				
<ul> <li>Corrective action plan compli N/A ⊠</li> <li>Number of excluded employe</li> </ul>	_	CAP date/s and rule/s:		
<ul> <li>Variances? Yes ☐ (please e)</li> </ul>	explain) No 🗌 N/A 🖂			

#### III. DESCRIPTION OF FINDINGS & CONCLUSIONS

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

R 400.1404 Licensee, responsible person, and member of the household; qualifications.

(5) All responsible persons and members of the household shall be of good moral character and suitable temperament to assure the welfare of residents.

Member of the household, Mr. Evans, did not have a criminal clearance completed before moving into the family home. During the onsite inspection, Ms. Hyatt stated that Mr. Evans was currently on probation and had a felony with a conviction date of 12/12/2003.

R 400.1404 Licensee, responsible person, and member of the household; qualifications.

(6) A licensee shall provide the department with the name of any person providing care for a resident or member of the household who is on a court-supervised probation or parole or who has been convicted of a felony within the 5-year period before providing resident care.

Ms. Hyatt did not provide the department with the name of a household member who was on court supervised probation or parole.

R 400.1407

Resident admission and discharge criteria; resident assessment plan; resident care agreement; house guidelines; fee schedule; physicians instructions; health care appraisal.

(6) A licensee shall review the written resident care agreement with the resident or the resident's designated representative and responsible agency at least annually or more often if necessary.

All resident records reviewed were missing the Resident Care Agreement for 2021.

R 400.1416 Resident health care.

(3) A licensee shall record the weight of a resident upon admission and monthly thereafter. Weight records shall be kept on file for 2 years.

All resident records reviewed did not have a monthly weight after March 2021.

## R 400.1421 Handling of resident funds and valuables.

(6) All trust fund account transactions shall require the signature of the resident or the resident's designated representative and the licensee, or prior written approval from the resident or resident's designated representative.

All resident records reviewed did not include a *Resident Funds Part II* documenting the room and board payments paid to licensee, Mistie Hyatt.

#### R 400.1424 Environmental health.

(3) All garbage and rubbish containing food wastes shall be kept in leakproof, nonabsorbent containers which shall be kept covered with tight-fitting lids and removed from the premises at least weekly.

During the onsite inspection, there were two trash cans in the kitchen that were full and were not covered with tight-fitting lids.

### R 400.1426 Maintenance of premises.

(4) Floors, interior walls, and ceilings shall be sound, in good repair, and maintained in a clean condition.

The bathrooms were under construction at the time of the onsite inspection and the ceiling tiles were not in place and the walls were unfinished.

# R 400.1426 Maintenance of premises.

(8) Scatter or throw rugs on hard finished floors shall have a nonskid backing.

The scatter and throw rugs throughout the facility did not have nonskid backing. In the room between the kitchen and living room, there was a large rug that was not adhered to the floor causing a trip hazard.

#### IV. RECOMMENDATION

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

Gennifer Browning	4/15/22		
Jennifer Browning		Date	
Licensing Consultant			