



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

ORLENE HAWKS  
DIRECTOR

April 20, 2022

Melissa Doss  
CMHB Of CEI Counties  
Suite 115  
812 E Jolly Road  
Lansing, MI 48910

RE: License #: AM230249434  
**Arch Road Home**  
**1081 Arch Road**  
**Eaton Rapids, MI 48827**

Dear Ms. Doss,

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.

Upon receipt of an acceptable corrective plan, a regular license and special certification 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,

A handwritten signature in black ink that reads "Jennifer Browning".

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**

<b>License #:</b>	AM230249434
<b>Licensee Name:</b>	CMHB Of CEI Counties
<b>Licensee Address:</b>	Suite 115 812 E Jolly Road Lansing, MI 48910
<b>Licensee Telephone #:</b>	(517) 346-8200
<b>Licensee Designee:</b>	Melissa Doss
<b>Administrator:</b>	Melissa Doss
<b>Name of Facility:</b>	Arch Road Home
<b>Facility Address:</b>	1081 Arch Road Eaton Rapids, MI 48827
<b>Facility Telephone #:</b>	(517) 663-2401
<b>Original Issuance Date:</b>	11/14/2002
<b>Capacity:</b>	12
<b>Program Type:</b>	MENTALLY ILL
<b>Certified Programs:</b>	MENTALLY ILL

**II. METHODS OF INSPECTION**

Date of On-site Inspection(s): 04/20/2022

Date of Bureau of Fire Services Inspection if applicable: 01/13/2022

Date of Environmental/Health Inspection if applicable: 01/06/2022

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 12  
No. of others interviewed [redacted] 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.
- 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 400.14205**            **Health of a licensee, direct care staff, administrator, other employees, those volunteers under the direction of the licensee, and members of the household.**

**(5) A licensee shall obtain written evidence, which shall be available for department review, that each direct care staff, other employees, and members of the household have been tested for communicable tuberculosis and that if the disease is present, appropriate precautions shall be taken as required by state law. Current testing shall be obtained before an individual's employment, assumption of duties, or occupancy in the home. The results of subsequent testing shall be verified every 3 years thereafter or more frequently if necessary.**

Direct care staff members, C. Johnson and A. Oversmith did not have a current test showing they were negative for communicable tuberculosis in their employee records.

**R 400.14207**            **Required personnel policies.**

**(3) A licensee shall have a written job description for each position. The job description shall define the tasks, duties, and responsibilities of the position. Each employee and volunteer who is under the direction of the licensee shall receive a copy of his or her job description. Verification of receipt of a job description shall be maintained in the individuals personnel record.**

Direct care staff member, M. Walter did not have a signed written job description in their employee record.

**R 400.14208**            **Direct care staff and employee records.**

**(1) A licensee shall maintain a record for each employee. The record shall contain all of the following employee information:  
(f) Verification of reference checks.**

Direct care staff member, M. Palmer did not have two reference checks in their employee record.

**R 400.14310 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.

Residents A, B, C, E, and F were all missing weights in their resident record or they were not transferred from the Medication Administration Record (MAR).

A corrective action plan was requested and approved on 04/20/2022. 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 and special certification.

**IV. RECOMMENDATION**

An acceptable corrective action plan has been received. Renewal of the license and special certification is recommended.

*Jennifer Browning*

Jennifer Browning  
Licensing Consultant

\_\_\_\_\_04/20/2022\_\_\_\_\_

Date