



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

ORLENE HAWKS  
DIRECTOR

April 26, 2022

Denny Harada  
Twin Doves II LLC  
48617 36th Ave.  
Bangor, MI 49013

RE: License #: AS800399685  
Twin Doves II LLC  
40739 80th Ave.  
Decatur, MI 49045

Dear Mr. Harada:

Attached is the Renewal Licensing Study Report for the facility referenced above. You submitted an acceptable written corrective action plan on 4/15/2022 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.

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 blue ink that reads "KDuda".

Kristy Duda, Licensing Consultant  
Bureau of Community and Health Systems  
Unit 13, 7th Floor  
350 Ottawa, N.W.  
Grand Rapids, MI 49503

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

**I. IDENTIFYING INFORMATION**

<b>License #:</b>	AS800399685
<b>Licensee Name:</b>	Twin Doves II LLC
<b>Licensee Address:</b>	40739 80th Ave. Decatur, MI 49045
<b>Licensee Telephone #:</b>	(616) 403-6024
<b>Licensee/Licensee:</b>	Denny Harada
<b>Administrator:</b>	Denny Harada
<b>Name of Facility:</b>	Twin Doves II LLC
<b>Facility Address:</b>	40739 80th Ave. Decatur, MI 49045
<b>Facility Telephone #:</b>	(269) 436-3007
<b>Original Issuance Date:</b>	10/28/2019
<b>Capacity:</b>	6
<b>Program Type:</b>	PHYSICALLY HANDICAPPED DEVELOPMENTALLY DISABLED MENTALLY ILL

## II. METHODS OF INSPECTION

Date of On-site Inspection(s): 4/8/22

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

Date of Health Authority Inspection if applicable: 12/21/21

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 **4**  
No. of others interviewed **0** Role:           

- 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.  
Inspection was completed between meal times.
- 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.  
The water temperature was measured to be 113 degrees fahrenheit.
- 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.**

**(4) A licensee shall provide the department with written evidence that he or she and the administrator have been tested for communicable tuberculosis and that if the disease is present, appropriate precautions shall be taken. The results of subsequent testing shall be verified every 3 years thereafter.**

Tuberculosis screenings were not completed every three years for two staff members. Staff member Jacqueline Lee's most recent screening was completed on 2/11/19. Staff member Keryn Davis' most recent screening was completed on 4/9/19.

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

**(4) At the time of admission, and at least annually, a written assessment plan shall be completed with the resident or the resident's designated representative, the responsible agency, if applicable, and the licensee. A licensee shall maintain a copy of the resident's written assessment plan on file in the home.**

Resident A was admitted to the home on 2/23/22. Resident A did not have a completed and signed written assessment plan on file in the home.

#### IV. RECOMMENDATION

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

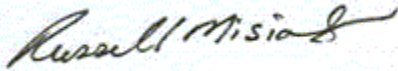


Kristy Duda  
Licensing Consultant

4/15/2022

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Date



Russell Misiak  
Area Manager

4/22/2022

Date