



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

ORLENE HAWKS
DIRECTOR

May 26, 2022

Stephen Stassek and Minerva Stassek
09441 44th Street
Bloomingtondale, MI 49026

RE: License #: AF800274033
Cozy Hill
09441 44th Street
Bloomingtondale, MI 49026

Dear Stephen Stassek and Minerva Stassek:

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,

Kristy Duda, Licensing Consultant
Bureau of Community and Health Systems
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

License #: AF800274033

Licensee Name: Stephen Stassek and Minerva Stassek

Licensee Address: 09441 44th Street
Bloomingtondale, MI 49026

Licensee Telephone #: (269) 521-7664

Administrator: Stephen Stassek

Name of Facility: Cozy Hill

Facility Address: 09441 44th Street
Bloomingtondale, MI 49026

Facility Telephone #: (269) 521-7667

Original Issuance Date: 06/27/2005

Capacity: 6

Program Type: PHYSICALLY HANDICAPPED
DEVELOPMENTALLY DISABLED
MENTALLY ILL
ALZHEIMERS
AGED

II. METHODS OF INSPECTION

Date of On-site Inspection(s): 5/26/22

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

Date of Health Authority Inspection if applicable: 1/26/22

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 5
No. of others interviewed 0 Role: N/A

- 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 occurred between mealtimes.
- 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 was measured to be 116 degrees Fahrenheit.
- Incident report follow-up? Yes No If no, explain.
Incident reports did not require any follow up.
- Corrective action plan compliance verified? Yes CAP date/s and rule/s:
5/18/2018 - R1806, R1404, R1405, R1426, and R1433. 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 330.1806 Staffing levels and qualifications.

(2) All staff who work independently and staff who function as lead workers with clients shall have successfully completed a course of training which imparts basic concepts required in providing specialized dependent care and which measures staff comprehension and competencies to deliver each client's individual plan of service as written. Basic training shall address all of the following areas:

(d) Basic first aid and cardiopulmonary resuscitation

The licensees, Minerva Stassek and Steve Stassek, CPR and First Aid certification expired in April 2022.

R 400.1405 Health of a licensee, responsible person, and member of the household.

(2) A licensee shall have on file with the department a statement signed by a licensed physician or his or her designee with regard to his or her knowledge of the physical health of the licensee and each responsible person. The statement shall be signed within 6 months before the issuance of a license and at any other time requested by the department.

There was no documentation that a staff member, Antonio Oliva, had an annual health review completed.

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 to verify updated tuberculosis screenings for staff member, Antonio Oliva, and licensee, Stephen Stassek. Their previous tuberculosis screenings expired in May 2022.

REPEAT VIOLATION ESTABLISHED: Reference AF800274033_RNWL_20180522 dated 5/22/2018 and CAP dated 5/18/2022.

R 400.1407 resident care agreement;

(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.

Three resident files did not have a guardian and/or resident signature on the resident care agreement and the resident assessment plan.

IV. RECOMMENDATION

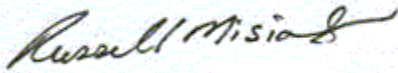
Contingent upon receipt of an acceptable corrective action plan, renewal of the license and special certification is recommended.



5/31/22

Kristy Duda
Licensing Consultant

Date



5/31/22

Russell Misiak
Area Manager

Date