

GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS LANSING

ORLENE HAWKS DIRECTOR

May 31, 2022

Jennifer Lockhart Alternative Community Living, Inc. P. O. Box 190179 Burton, MI 48519

RE: License #: AS730256810

Weiss Facility 1617 Weiss St. Saginaw, MI 48602

Dear Ms. Lockhart:

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,

Christina Garza, Licensing Consultant Bureau of Community and Health Systems 611 W. Ottawa Street P.O. Box 30664 Lansing, MI 48909 (810) 240-2478

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

I. IDENTIFYING INFORMATION

License #: AS730256810

Licensee Name: Alternative Community Living, Inc.

Licensee Address: P. O. Box 190179

Burton, MI 48519

Licensee Telephone #: (810) 701-0404

Licensee/Licensee Designee: Jennifer Lockhart

Administrator: Kimberly Walker

Name of Facility: Weiss Facility

Facility Address: 1617 Weiss St.

Saginaw, MI 48602

Facility Telephone #: (989) 797-0037

Original Issuance Date: 07/21/2003

Capacity: 5

Program Type: MENTALLY ILL

II. METHODS OF INSPECTION

Date	e of On-site Inspection(s	05/26/2022	
Date of Bureau of Fire Services Inspection if applicable:			N/A
Date of Environmental/Health Inspection if applicable:			N/A
Inspection Type:		☐ Interview and Observation☐ Combination	
No. of staff interviewed and/or observed No. of residents interviewed and/or observed No. of others interviewed 1 Role: Administrator		1 3	
•	Medication pass / simulated pass observed? Yes \boxtimes No \square 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 \boxtimes No \square If no, explain. Meal preparation / service observed? Yes \square No \boxtimes If no, explain. Inspection did not take place during meal time. Fire drills reviewed? Yes \boxtimes No \square If no, explain.		
•	Fire safety equipment and practices observed? Yes $oxed{\boxtimes}$ No $oxed{\square}$ 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 6/4/20; AS310(3) N/A [Number of excluded er	compliance verified? Yes 🖂 (CAP date/s and rule/s: N/A ⊠
•	Variances? Yes ☐ (pl	ease explain) No 🗌 N/A 🖂	

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

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

R 400.14403 Maintenance of premises.

(2) Home furnishings and housekeeping standards shall present a comfortable, clean, and orderly appearance.

At time of inspection, resident bedroom (southwest) was not clean and orderly in appearance. Floor had black debris on it. Open food containers and cigarette butts were on the floor and table. Dirty clothing was in a pile on the floor. The bedroom needs a thorough cleaning.

R 400.14403 Maintenance of premises.

(5) Floors, walls, and ceilings shall be finished so as to be easily cleanable and shall be kept clean and in good repair.

At time of inspection, resident bedroom (east) has a small area of worn-out flooring and is not in good repair.

IV. RECOMMENDATION

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

Christina Garza Date Licensing Consultant