



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

ORLENE HAWKS
DIRECTOR

June 17, 2022

Leslie Alston
318 W Ninth Ave
Flint, MI 48503

RE: License #:	AF250385924 Water Brooks Living 318 W Ninth Ave Flint, MI 48503
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Dear Ms. Alston:

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) 284-9700.

Sincerely,

A handwritten signature in cursive script that reads "Susan Hutchinson".

Susan Hutchinson, Licensing Consultant
Bureau of Community and Health Systems
611 W. Ottawa Street
P.O. Box 30664
Lansing, MI 48909
(989) 293-5222

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

I. IDENTIFYING INFORMATION

License #:	AF250385924
Licensee Name:	Leslie Alston
Licensee Address:	318 W Ninth Ave Flint, MI 48503
Licensee Telephone #:	(469) 315-8296
Licensee/Licensee Designee:	N/A
Administrator:	N/A
Name of Facility:	Water Brooks Living
Facility Address:	318 W Ninth Ave Flint, MI 48503
Facility Telephone #:	(469) 315-8296
Original Issuance Date:	02/06/2018
Capacity:	5
Program Type:	DEVELOPMENTALLY DISABLED AGED

II. METHODS OF INSPECTION

Date of On-site Inspection(s): 06/16/2022

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

Date of Health Authority Inspection if applicable: N/A

Inspection Type: Interview and Observation Worksheet
 Combination Full Fire Safety

No. of staff interviewed and/or observed 2
No. of residents interviewed and/or observed 2
No. of others interviewed N/A Role: 0

- 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.
My inspection did not take place during a mealtime.
- 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:
7/14/20 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 400.1405	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.
At the time of my inspection, the licensee was unable to produce documentation that her responsible person has a signed statement by a licensed physician regarding his physical health.	
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.
At the time of my inspection, the licensee was unable to produce documentation that she and her responsible person are free from communicable tuberculosis. The licensee's TB test on file expired on 1/30/21.	
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.

At the time of my inspection, I noted that licensee did not update a resident's Resident Care Agreement annually as required by this rule.	
R 400.1433	Bedroom furnishings.
	(3) A licensee shall provide a resident with a bed that is not less than 36 inches wide and 72 inches long, with comfortable springs in good condition, a clean protected mattress which is not less than 5 inches thick or 4 inches thick if of synthetic construction, and with a pillow.
At the time of my inspection, I noted that some of the resident mattresses were not equipped with a clean, protected mattress and/or adequate sheets.	

IV. RECOMMENDATION

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

Susan Hutchinson

July 17, 2022

Susan Hutchinson Licensing Consultant	Date
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