



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

ORLENE HAWKS  
DIRECTOR

July 1, 2022

Sherry Parrish  
321 Cemetery Road  
Bangor, MI 49013

RE: License #: AF800087344  
Parrish Adult Foster Care  
321 Cemetery Road  
Bangor, MI 49013

Dear Ms. Parrish:

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 #:** AF800087344

**Licensee Name:** Sherry Parrish

**Licensee Address:** 321 Cemetery Road  
Bangor, MI 49013

**Licensee Telephone #:** (269) 427-5033

**Name of Facility:** Parrish Adult Foster Care

**Facility Address:** 321 Cemetery Road  
Bangor, MI 49013

**Facility Telephone #:** (269) 427-5033

**Original Issuance Date:** 08/30/1999

**Capacity:** 2

**Program Type:** PHYSICALLY HANDICAPPED  
DEVELOPMENTALLY DISABLED  
AGED

**II. METHODS OF INSPECTION**

Date of On-site Inspection(s): 6/28/22

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 1  
No. of residents interviewed and/or observed 1  
No. of others interviewed N/A 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. 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 temperature was measured to be 128 degrees fahrenheit.
- Incident report follow-up? Yes  No  If no, explain. No incident reports submitted requiring follow-up.
- 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 400.1405 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.**

Licensee, Sherry Parrish, did not have a current medical statement completed. The most recent medical statement was completed on 3/24/19. Responsible person, Stacie Weber, did not have a current medical statement completed. The most recent medical statement was completed on 7/22/20.

**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.**

Licensee, Sherry Parrish, most recent tuberculosis screening was completed in March 2019.

**R 400.1407 Resident admission and discharge criteria; resident assessment plan; resident care agreement; house guidelines; fee schedule; physicians instructions; health care appraisal.**

**(5) At the time of a resident's admission, a licensee shall complete a written resident care agreement which shall be established between the resident or the resident's designated representative, the responsible agency, and the licensee. A department form shall be used unless prior authorization for a substitute form has been granted in writing by the department. A resident shall be provided the**

**care and services as stated in the written resident care agreement.**

Resident A's AFC Assessment and Resident Care Agreements were not signed by the guardian.

**R 400.1426 Maintenance of premises.**

**(1) The premises shall be maintained in a clean and safe condition.**

The water temperature was measured to be 128 degrees Fahrenheit.

**IV. RECOMMENDATION**

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



7/1/22

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Kristy Duda  
Licensing Consultant

Date



7/7/22

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Russell Misiak  
Area Manager

Date