



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

ORLENE HAWKS  
DIRECTOR

June 15, 2022

Kimberly Hughes  
6035 Cedar Lake Rd  
Pinckney, MI 48169

RE: License #: AF470003851  
**Hughes Care Home**  
**6035 Cedar Lake Road**  
**Pinckney, MI 48169**

Dear Ms. Hughes:

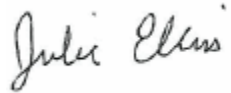
Attached is the Renewal Licensing Study Report for the facility referenced above. The violations cited in the report require the submission of a written corrective action plan. The corrective action plan is due 15 days from the date of this letter and must include the following:

- 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,

A handwritten signature in cursive script that reads "Julie Elkins".

Julie Elkins, Licensing Consultant  
Bureau of Community and Health Systems  
611 W. Ottawa Street  
P.O. Box 30664  
Lansing, MI 48909

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

**I. IDENTIFYING INFORMATION**

<b>License #:</b>	AF470003851
<b>Licensee Name:</b>	Kimberly Hughes
<b>Licensee Address:</b>	6035 Cedar Lake Rd Pinckney, MI 48169
<b>Licensee Telephone #:</b>	(810) 599-8042
<b>Licensee:</b>	Kimberly Hughes
<b>Administrator:</b>	N/A
<b>Name of Facility:</b>	Hughes Care Home
<b>Facility Address:</b>	6035 Cedar Lake Road Pinckney, MI 48169
<b>Facility Telephone #:</b>	(810) 599-8042
<b>Original Issuance Date:</b>	10/15/1993
<b>Capacity:</b>	5
<b>Program Type:</b>	AGED ALZHEIMERS

**II. METHODS OF INSPECTION**

Date of On-site Inspections: 06/09/2022

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

Date of Health Authority Inspection if applicable: 02/15/2022

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 3  
No. of others interviewed 1 Role: licensee

- 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 not during meal time.
- 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: 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 400.1409**

**Resident rights; licensee responsibility.**

**(1) Upon a resident's admission to the home, the licensee shall inform and explain to the resident or the resident's designated representative all of the following resident rights:**

**(o) The right to be treated with consideration and respect, with due recognition of personal dignity, individuality, and the need for privacy.**

**(2) A licensee shall provide the resident and the resident's designated representative with a written copy of the rights outlined in subrule (1) of this rule upon a resident's admission to the home.**

At the time of the inspection, one resident bedroom had a working camera in it.

**R 400.1426**

**Maintenance of premises.**

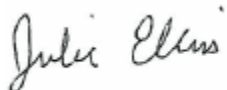
**(1) The premises shall be maintained in a clean and safe condition.**

At the time of the inspection, the water temperature in the home was above 120 degrees Fahrenheit.

At the time of the inspection, the furnace room contained paint which was stored less than 6 feet from the furnace.

### IV. RECOMMENDATION

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



06/14/2022

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Julie Elkins  
Licensing Consultant

Date