

GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS LANSING

ORLENE HAWKS DIRECTOR

August 12, 2022

Joanne Donaldson North Haven AFC, Inc. 13505 State HWY M28 Newberry, MI 49868

RE: License #: AS480339035

North Haven AFC 13505 State Hwy M-28 Newberry, MI 49868

Dear Ms. Donaldson:

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) 643-7960.

Sincerely,

Garrett Peters, Licensing Consultant Bureau of Community and Health Systems 234 W. Baraga Ave. Marquette, MI 49855 (906) 250-9318

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

I. IDENTIFYING INFORMATION

License #: AS480339035

Licensee Name: North Haven AFC, Inc.

Licensee Address: 13505 State HWY M28

Newberry, MI 49868

Licensee Telephone #: (906) 293-5052

Licensee: Joanne Donaldson

Administrator: Joanne Donaldson

Name of Facility: North Haven AFC

Facility Address: 13505 State Hwy M-28

Newberry, MI 49868

Facility Telephone #: (906) 293-6620

Original Issuance Date: 05/24/2013

Capacity: 6

Program Type: DEVELOPMENTALLY DISABLED

MENTALLY ILL

AGED

II. METHODS OF INSPECTION

Date of On-site Inspection(s):		08/04/2022	
Date of Bureau of Fire Services Inspection if applicable:			
Date of Health Authority Inspection if applicable: 06/01/2022			
Inspection Type:	☐ Interview and Obs	servation	☐ Worksheet☐ Full Fire Safety
No. of staff interviewed and No. of residents interviewed No. of others interviewed			1 5
Medication pass / simulations	ılated pass observed?	Yes ⊠	No ☐ If no, explain.
Medication(s) and medication record(s) reviewed? Yes $oximes$ No $oximes$ 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. 			
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. n/a 			
Corrective action plan compliance verified? Yes CAP date/s and rule/s: 3/01/22: as204(3), as301(4), as301(9), as310(3), as312(4), as315(13), as318(5), as313(4), as201(12), as315(5) N/A Number of excluded employees followed-up? 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.

(13) A yard area shall be kept reasonably free from all hazards, nuisances, refuse, and litter.

Outside, on the east side of the home, there is a door that leads to a porch and stairway. This porch is overgrown with branches from a tree and shrubs and must be trimmed to allow full access to the porch.

IV. RECOMMENDATION

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

Sarrett Peters Date
Licensing Consultant