

GRETCHEN WHITMER GOVERNOR STATE OF MICHIGAN DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS LANSING

ORLENE HAWKS DIRECTOR

September 8, 2022

Amber Bunce Cornerstone AFC, LLC P.O. Box 277 Bloomingdale, MI 49026

> RE: License #: AS120281503 Cornerstone AFC 633 N. Fall River Coldwater, MI 49036

Dear Ms. Bunce:

Attached is the Renewal Licensing Study Report for the facility referenced above. You have submitted an acceptable written corrective action plan addressing the violations cited in the report. To verify your implementation and compliance with this corrective action plan:

• You submitted an acceptable CAP on-site.

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, Nele Khaberry, LMSW

Nile Khabeiry, Licensing Consultant Bureau of Community and Health Systems Unit 13, 7th Floor 350 Ottawa, N.W. Grand Rapids, MI 49503

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

I. IDENTIFYING INFORMATION

License #:	AS120281503
Licensee Name:	Cornerstone AFC, LLC
Licensee Address:	P.O. Box 277 Bloomingdale, MI 49026
Licensee Telephone #:	(269) 628-2011
Licensee/Licensee Designee:	Amber Bunce
Administrator:	Amber Bunce
Name of Facility:	Cornerstone AFC
Facility Address:	633 N. Fall River Coldwater, MI 49036
Facility Telephone #:	(517) 278-7887
Original Issuance Date:	03/08/2006
Capacity:	6
Program Type:	PHYSICALLY HANDICAPPED DEVELOPMENTALLY DISABLED MENTALLY ILL TRAUMATICALLY BRAIN INJURED
Certified Programs:	DEVELOPMENTALLY DISABLED MENTALLY ILL

II. METHODS OF INSPECTION

Date of On-site Inspection(s): 09/07/2022

Date of Bureau of Fire Services Inspection if applicable:

Date of Health Authority Inspection if applicable:

Insp	pection Type:	☐ Interview and Observation ☐ Combination	n ⊠ Worksheet □ Full Fire Safety	
No.	of staff interviewed and of residents interviewed of others interviewed		2 6	
•	Medication pass / simu	ılated pass observed? Yes $igtimes$	No 🗌 If no, explain.	
•	Medication(s) and med	lication record(s) reviewed? Y	es 🛛 No 🗌 If no, explain.	
•	 Resident funds and associated documents reviewed for at least one resident? Yes No X If no, explain. AFC does not hold resident funds. Meal preparation / service observed? Yes No X If no, explain. Inspection did not occur during meal time. Fire drills reviewed? Yes X No I If no, explain. 			
•	Fire safety equipment	and practices observed? Yes	🛛 No 🗌 If no, explain.	
•	If no, explain.	pecial Certification Only)Yes necked?Yes 🛛 No 🗌 If no,		
•	Incident report follow-u	ıp? Yes 🛛 No 🗌 If no, expla	ain.	
•	N/A 🖂	compliance verified? Yes 🗌	CAP date/s and rule/s: N/A ⊠	
•	Variances? Yes 🗌 (pl	lease explain) No 🖂 N/A 🗌		

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

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

R 400.14409 Bedroom space; "usable floor space" defined.

(2) A single occupancy bedroom shall have not less than 80 square feet of usable floor space.

FINDINGS: Resident KL's bedroom did not have 80 square feet of usable floor space.

A corrective action plan was requested and approved on 09/07/2022. It is expected that the corrective action plan be implemented within the specified time frames as outlined in the approved plan. A follow-up evaluation may be made to verify compliance. Should the corrections not be implemented in the specified time, it may be necessary to reevaluate the status of your license and special certification.

IV. RECOMMENDATION

An acceptable corrective action plan has been received. Renewal of the license is recommended.

De Khaberry, LMSW

9/8/2022

Nile Khabeiry Licensing Consultant Date