

GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS LANSING

ORLENE HAWKS DIRECTOR

September 6, 2022

Cheryl Thomas-Hardy PO Box 4317 Saginaw, MI 48606

RE: License #:	AS730354102
	lowa's Place
	2308 lowa
	Saginaw, MI 48601

Dear Ms. Thomas-Hardy:

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,

Susan Hutchinson, Licensing Consultant Bureau of Community and Health Systems

Dusan Hutchinson

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 #:	AS730354102
I No	
Licensee Name:	Cheryl Thomas-Hardy
Licensee Address:	4462 E. Lakecress Drive
	Saginaw, MI 48603
T.I	(000) 707 4040
Licensee Telephone #:	(989) 737-4010
Licensee/Licensee Designee:	Cheryl Thomas-Hardy
Administrator:	Cheryl Thomas-Hardy
Name of Facility:	Iowa's Place
, , , , , , , , , , , , , , , , , , ,	
Facility Address:	2308 Iowa Saginaw, MI 48601
Facility Telephone #:	(989) 737-4010
Original Issuance Date:	05/14/2014
Capacity:	5
Program Type:	PHYSICALLY HANDICAPPED
	DEVELOPMENTALLY DISABLED
	MENTALLY ILL AGED
	AGED

II. METHODS OF INSPECTION

Date	ate of On-site Inspection(s):		09/01/2022			
Date	e of Bureau of Fire Serv	vices Inspection if app	licable:	N/A		
Date	e of Health Authority Ins	spection if applicable:		N/A		
Insp	ection Type:	☐ Interview and Obs	servatior	n ⊠ Worksheet □ Full Fire Safety		
No. of staff interviewed and/or observed No. of residents interviewed and/or observed No. of others interviewed Role: N/A						
•	Medication pass / simu	ılated 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 $oximes$ No $oximes$ If no, explain.					
•	E-scores reviewed? (Special Certification Only) Yes No N/A N/A If no, explain. Water temperatures checked? Yes No If no, explain.					
•	Incident report follow-up? Yes ⊠ No □ If no, explain.					
•	N/A 🖂	·		CAP date/s and rule/s:		
•	Number of excluded e	mployees followed-up	?	N/A 🖂		
•	Variances? Yes ☐ (p	lease explain) No 🗌	N/A 🛚			

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

This facility was found to be in non-compliance with the following rules:		
R 400.14203 Licensee and administrator training requirements.		
	 (1) A licensee and an administrator shall complete the following educational requirements specified in subdivision (a) or (b) of this subrule, or a combination thereof, on an annual basis: (a) Participate in, and successfully complete, 16 hours of training designated or approved by the department that is relevant to the licensee's admission policy and program statement. (b) Have completed 6 credit hours at an accredited college or university in an area that is relevant to the licensee's admission policy and program statement as approved by the department. 	
At the time of my inspection, the licensee designee was unable to produce documentation that she completed 16 hours of annual training for 2020 and 2021. The licensee designee and administrator must complete at least 16 hours of training on an annual basis.		
R 400.14401	Environmental health.	
	(2) Hot and cold running water that is under pressure shall be provided. A licensee shall maintain the hot water temperature for a resident's use at a range of 105 degrees Fahrenheit to 120 degrees Fahrenheit at the faucet.	
At the time of my inspection, the hot water at the kitchen faucet was 132 degrees Fahrenheit. Hot water must be kept in a safe range of 105-120 degrees Fahrenheit.		

IV. RECOMMENDATION

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

Dusan Hutchinson	September 6, 2022
Susan Hutchinson Licensing Consultant	Date