

GRETCHEN WHITMER
GOVERNOR

## STATE OF MICHIGAN DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS LANSING

ORLENE HAWKS DIRECTOR

September 30, 2022

Barbara Mohney Mohney 1 and 2 AFC Corp. 1025 W Kalamazoo Ave Kalamazoo, MI 49007

RE: License #: AM390076322

Mohney 1 AFC 616 Walnut St

Kalamazoo, MI 49007

Dear Ms. Mohney:

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 are to submit documentation of compliance.

The study has determined substantial compliance with applicable licensing statutes and administrative rules. Therefore, your license is renewed. It is valid only at your present address and is nontransferable.

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,

Ondrea Johnson, Licensing Consultant

ndrea Johnson

Bureau of Community and Health Systems

427 East Alcott

Kalamazoo, MI 49001

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

#### I. IDENTIFYING INFORMATION

**License #:** AM390076322

**Licensee Name:** Mohney 1 and 2 AFC Corp.

**Licensee Address:** 1025 W Kalamazoo Ave

Kalamazoo, MI 49007

**Licensee Telephone #:** (269) 382-1448

Licensee/Licensee Designee: Barbara Mohney

**Administrator:** Barbara Mohney

Name of Facility: Mohney 1 AFC

Facility Address: 616 Walnut St

Kalamazoo, MI 49007

**Facility Telephone #:** (269) 343-4433

Original Issuance Date: 08/15/1999

Capacity: 12

Program Type: DEVELOPMENTALLY DISABLED

**MENTALLY ILL** 

**AGED** 

## II. METHODS OF INSPECTION

Date	e of On-site Inspection(s):9/29/2022
Date	e of Bureau of Fire Services Inspection if applicable: 9/10/2021
Date	e of Health Authority Inspection if applicable: N/A
No.	of staff interviewed and/or observed 2 of residents interviewed and/or observed 6 of others interviewed 0 Role: 0
•	Medication pass / simulated pass observed? Yes $\boxtimes$ No $\square$ If no, explain.
•	Medication(s) and medication record(s) reviewed? Yes $\boxtimes$ No $\square$ If no, explain
•	Resident funds and associated documents reviewed for at least one resident? Yes $\boxtimes$ No $\square$ If no, explain.  Meal preparation / service observed? Yes $\boxtimes$ No $\square$ 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.
•	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**

The facility is in non-compliance with the following applicable rules and statutes:

R 400.14401 Environmental health.

(2) Hot and cold running 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.

FINDINGS: Water temperature was at 125 degrees Fahrenheit at kitchen faucet.

R 400.14403 Maintenance of premises.

(5) Floors, walls and ceilings, shall be finished so as to be easily cleanable and shall be kept clean in good repair.

FINDINGS: 2<sup>nd</sup> floor hallway carpet is not in good repair. 2<sup>nd</sup> floor resident bathroom has ceiling tiles in need of repair.

A corrective action plan was requested and approved on 09/29/2022. 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.

### IV. RECOMMENDATION

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

Ondrea Johnson

**Licensing Consultant** 

ndrea Chohusan

9/30/2022

Date