



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

ORLENE HAWKS  
DIRECTOR

October 11, 2022

Julia Wellings  
Evangelical Homes of Michigan  
101 Brecon Drive  
Saline, MI 48176

RE: License #: AM810298266  
**Memory Support Center @ Brecon Village #1**  
**101 Brecon Drive**  
**Saline, MI 48176**

Dear Ms. Wellings:

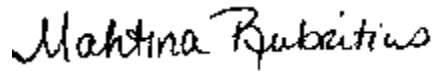
Attached is the Renewal Licensing Study Report for the facility referenced above. The violations cited in the report require the submission of a written corrective action plan. The corrective action plan is due 15 days from the date of this letter and must include the following:

- 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 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 (313) 456-0380.

Sincerely,

A handwritten signature in black ink that reads "Mahtina Rubritius". The signature is written in a cursive, flowing style.

Mahtina Rubritius, Licensing Consultant  
Bureau of Community and Health Systems  
Cadillac Place  
3026 W. Grand Blvd., Ste. #9-100  
Detroit, MI 48202  
(517) 262-8604

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

**I. IDENTIFYING INFORMATION**

**License #:** AM810298266

**Licensee Name:** Evangelical Homes of Michigan

**Licensee Address:** 18000 Coyle  
Detroit, MI 48235

**Licensee Telephone #:** (734) 295-9811

**Licensee/Licensee Designee:** Julia Wellings

**Administrator:** Julia Wellings

**Name of Facility:** Memory Support Center @ Brecon Village #1

**Facility Address:** 101 Brecon Drive  
Saline, MI 48176

**Facility Telephone #:** (734) 429-1155

**Original Issuance Date:** 10/12/2009

**Capacity:** 11

**Program Type:** ALZHEIMERS

## II. METHODS OF INSPECTION

Date of On-site Inspection(s): 10/03/2022

Date of Bureau of Fire Services Inspection if applicable: 09/08/2022

Date of Health Authority Inspection if applicable: N/A

No. of staff interviewed and/or observed 5

No. of residents interviewed and/or observed 6

No. of others interviewed 0 Role: [REDACTED]

- 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.
- 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.  
There were no incident reports submitted that required follow-up.
- 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

The AFC Assessment Plan and Resident Care Agreement form(s) were amended to inform residents and the responsible parties about the monitoring systems provided in the home.

### III. DESCRIPTION OF FINDINGS & CONCLUSIONS

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

**R 400.14208            Direct care staff and employee records.**

**(1) A licensee shall maintain a record for each employee. The record shall contain all of the following employee information:**

**(f) Verification of reference checks.**

- There was no documentation provided to demonstrate that reference checks had been completed, as a part of the hiring process, for Employee #1.

**R 400.14315            Handling of resident funds and valuables.**

**(3) A licensee shall have a resident's funds and valuables transaction form completed and on file for each resident. A department form shall be used unless prior authorization for a substitute form has been granted, in writing, by the department.**

- The *Resident Funds Part I and II* forms were not completed, as required, for Resident A and Resident B's files.

**R 400.14318            Emergency preparedness; evacuation plan; emergency transportation.**

**(5) A licensee shall practice emergency and evacuation procedures during daytime, evening, and sleeping hours at least once per quarter. A record of the practices shall be maintained and be available for department review.**

- There were no fire drills conducted during the daytime, evening, and sleeping hours during the 3<sup>rd</sup> quarter of 2022.

**R 400.14511**

**Flame-producing equipment; enclosures.**

(4) Combustible materials shall not be stored in rooms that contain heating equipment, a water heater, an incinerator, or other flame-producing equipment.

- There were wooden chairs and other combustible items stored in the heat plant room. The staff began to remove the items prior to the conclusion of the on-site inspection.

**IV. RECOMMENDATION**

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

*Mahina Rubaitius*

10/11/2022

\_\_\_\_\_  
Date

Licensing Consultant