



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

ORLENE HAWKS
DIRECTOR

October 21, 2022

Mark James
American AFC Inc.
5355 Northland Dr. C-133
Grand Rapids, MI 49525

RE: License #:	AM610259339 Terrace Manor 1148 Terrace Street Muskegon, MI 49442-3449
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Dear Mr. James:

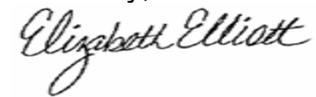
Attached is the Renewal Licensing Study Report for the facility referenced above. The violations cited in the report require the submission of a written corrective action plan. The corrective action plan is due 15 days from the date of this letter and must include the following:

- 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. If I am not available and you need to speak to someone immediately, you may contact the local office at (616) 356-0100.

Sincerely,

A handwritten signature in cursive script that reads "Elizabeth Elliott".

Elizabeth Elliott, Licensing Consultant
Bureau of Community and Health Systems
Unit 13, 7th Floor
350 Ottawa, N.W.
Grand Rapids, MI 49503
(616) 901-0585

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

I. IDENTIFYING INFORMATION

License #:	AM610259339
Licensee Name:	American AFC Inc.
Licensee Address:	5355 Northland Dr. C-133 Grand Rapids, MI 49525
Licensee Telephone #:	(616) 292-2837
Licensee/Licensee Designee:	Mark James, Designee
Administrator:	Mark James, Administrator
Name of Facility:	Terrace Manor
Facility Address:	1148 Terrace Street Muskegon, MI 49442-3449
Facility Telephone #:	(231) 722-7442
Original Issuance Date:	05/12/2004
Capacity:	12
Program Type:	PHYSICALLY HANDICAPPED DEVELOPMENTALLY DISABLED MENTALLY ILL AGED

II. METHODS OF INSPECTION

Date of On-site Inspection(s): 10/14/2022

Date of Bureau of Fire Services Inspection if applicable: 02/17/2022, 03/22/2022, 04/12/2022, 04/28/2022, 05/31/2022

Date of Health Authority Inspection if applicable: N/A

No. of staff interviewed and/or observed 1
No. of residents interviewed and/or observed 10
No. of others interviewed 0 Role: staff only, John Chandler

- Medication pass / simulated pass observed? Yes No If no, explain.
A review of resident medications and MAR was conducted.
- 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. Not available for department review.
- 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.
- Corrective action plan compliance verified? Yes CAP date/s and rule/s:
310(3),312(4)(b),318(5),401(2),401(5),402(3),403(1),407(2),410(1),410(3) N/A
- Number of excluded employees followed-up? N/A
- Variances? Yes (please explain) No N/A

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

<p>This facility was found to be in non-compliance with the following rules: The Licensee Designee was not present during the renewal inspection.</p>	
R 400.14204	Direct care staff; qualifications and training.
	Direct care staff; qualifications and training.
<p>Finding: Training records for staff were not available at the facility for department review.</p> <p>Licensee Response: John “June” Chandler, DCW (direct care worker) conducted the inspection with me and stated all staff are trained but the Licensee Designee, Mark James has the records with him off site.</p> <p>On 11/07/2022, I spoke to Licensee Designee, Mark James via telephone regarding the renewal report and violations in the report. On 11/10/2022, Mr. James sent a corrective action plan. The corrective action plan documented, <i>‘I took the Employee and Residents files home with me to update them all. Unfortunately, I put them in a tote and the tote was thrown out in the trash by mistake. I am in the process of re-doing all of the Resident Records and all of the Employee Files. I hope to have them all complete by December 10, 2022, and I will leave them at the home.’</i></p>	
R 400.14205	Health of a licensee, direct care staff, administrator, other employees, those volunteers under the direction of the licensee, and members of the household.
	(3) A licensee shall maintain, in the home, and make available for department review, a statement that is signed by a licensed physician or his or her designee attesting to the knowledge of the physical health of direct care staff, other employees, and members of the household. The statement shall be obtained within 30 days of an individual's employment, assumption of duties, or occupancy in the home.

Finding: Medical Clearance forms for staff were not available for department review.

Licensee Response: Mr. Chandler stated Mr. James has the staff medical records off site.

On 11/07/2022, I spoke to Licensee Designee, Mark James via telephone regarding the renewal report and violations in the report. On 11/10/2022, Mr. James sent a corrective action plan. The corrective action plan documented, *'I took the Employee and Residents files home with me to update them all. Unfortunately, I put them in a tote and the tote was thrown out in the trash by mistake. I am in the process of re-doing all of the Resident Records and all of the Employee Files. I hope to have them all complete by December 10, 2022, and I will leave them at the home.'*

R 400.14205

Health of a licensee, direct care staff, administrator, other employees, those volunteers under the direction of the licensee, and members of the household.

(4) A licensee shall provide the department with written evidence that he or she and the administrator have been tested for communicable tuberculosis and that if the disease is present, appropriate precautions shall be taken. The results of subsequent testing shall be verified every 3 years thereafter.

Finding: Staff and Licensee TB tests with results were not available for department review.

Licensee Response: Mr. Chandler stated Mr. James has the staff TB records off site.

On 11/07/2022, I spoke to Licensee Designee, Mark James via telephone regarding the renewal report and violations in the report. On 11/10/2022, Mr. James sent a corrective action plan. The corrective action plan documented, *'I took the Employee and Residents files home with me to update them all. Unfortunately, I put them in a tote and the tote was thrown out in the trash by mistake. I am in the process of re-doing all of the Resident Records and all of the Employee Files. I hope to have them all complete by December 10, 2022 and I will leave them at the home.'*

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:
(a) Name, address, telephone number, and social security number.
(b) The professional or vocational license, certification, or registration number, if applicable.
(c) A copy of the employee's driver license if a direct care staff member or employee provides transportation to residents.

	<ul style="list-style-type: none"> (d) Verification of the age requirement. (e) Verification of experience, education, and training. (f) Verification of reference checks. (g) Beginning and ending dates of employment. (h) Medical information, as required. (i) Required verification of the receipt of personnel policies and job descriptions.
<p>Finding: Facility staff files were not available at the facility for department review.</p> <p>Licensee Response: Mr. Chandler stated Mr. James maintains the staff files off site.</p> <p>On 11/07/2022, I spoke to Licensee Designee, Mark James via telephone regarding the renewal report and violations in the report. On 11/10/2022, Mr. James sent a corrective action plan. The corrective action plan documented, <i>'I took the Employee and Residents files home with me to update them all. Unfortunately, I put them in a tote and the tote was thrown out in the trash by mistake. I am in the process of re-doing all of the Resident Records and all of the Employee Files. I hope to have them all complete by December 10, 2022 and I will leave them at the home.'</i></p>	
R 400.14301	Resident admission criteria; resident assessment plan; emergency admission; resident care agreement; physician's instructions; health care appraisal.
	<p>(10) At the time of the resident's admission to the home, a licensee shall require that the resident or the resident's designated representative provide a written health care appraisal that is completed within the 90-day period before the resident's admission to the home. A written health care appraisal shall be completed at least annually. If a written health care appraisal is not available at the time of an emergency admission, a licensee shall require that the appraisal be obtained not later than 30 days after admission. A department health care appraisal form shall be used unless prior authorization for a substitute form has been granted, in writing, by the department.</p>

<p>Finding: Resident files were not available at the facility for department review.</p> <p>Licensee Response: Mr. Chandler stated resident records are maintained by Mr. James off site.</p> <p>On 11/07/2022, I spoke to Licensee Designee, Mark James via telephone regarding the renewal report and violations in the report. On 11/10/2022, Mr. James sent a corrective action plan. The corrective action plan documented, <i>'I took the Employee and Residents files home with me to update them all. Unfortunately, I put them in a tote and the tote was thrown out in the trash by mistake. I am in the process of re-doing all of the Resident Records and all of the Employee Files. I hope to have them all complete by December 10, 2022, and I will leave them at the home.'</i></p>	
R 400.14301	Resident admission criteria; resident assessment plan; emergency admission; resident care agreement; physician's instructions; health care appraisal.
	(4) At the time of admission, and at least annually, a written assessment plan shall be completed with the resident or the resident's designated representative, the responsible agency, if applicable, and the licensee. A licensee shall maintain a copy of the resident's written assessment plan on file in the home.
<p>Finding: Resident files were not available at the facility for department review.</p> <p>Licensee Response: Mr. Chandler stated resident records are maintained by Mr. James off site.</p> <p>On 11/07/2022, I spoke to Licensee Designee, Mark James via telephone regarding the renewal report and violations in the report. On 11/10/2022, Mr. James sent a corrective action plan. The corrective action plan documented, <i>'I took the Employee and Residents files home with me to update them all. Unfortunately, I put them in a tote and the tote was thrown out in the trash by mistake. I am in the process of re-doing all of the Resident Records and all of the Employee Files. I hope to have them all complete by December 10, 2022, and I will leave them at the home.'</i></p>	
R 400.14301	Resident admission criteria; resident assessment plan; emergency admission; resident care agreement; physician's instructions; health care appraisal.
	(9) A licensee shall review the written resident care agreement with the resident or the resident's designated representative and responsible agency, if applicable, at least annually or more often if necessary.

<p>Finding: Resident files were not available at the facility for department review.</p> <p>Licensee Response: Mr. Chandler stated resident records are maintained by Mr. James off site.</p> <p>On 11/07/2022, I spoke to Licensee Designee, Mark James via telephone regarding the renewal report and violations in the report. On 11/10/2022, Mr. James sent a corrective action plan. The corrective action plan documented, <i>'I took the Employee and Residents files home with me to update them all. Unfortunately, I put them in a tote and the tote was thrown out in the trash by mistake. I am in the process of re-doing all of the Resident Records and all of the Employee Files. I hope to have them all complete by December 10, 2022, and I will leave them at the home.'</i></p>	
R 400.14312	Resident medications.
	(1) Prescription medication, including dietary supplements, or individual special medical procedures shall be given, taken, or applied only as prescribed by a licensed physician or dentist. Prescription medication shall be kept in the original pharmacy-supplied container, which shall be labeled for the specified resident in accordance with the requirements of Act No. 368 of the Public Acts of 1978, as amended, being {333.1101 et seq. of the Michigan Compiled Laws, kept with the equipment to administer it in a locked cabinet or drawer, and refrigerated if required.
<p>Finding: Resident BB's medications, Lithium Carb CAP 300mg, 1 cap 2x daily, Olanzapine tab 5 mg, 2 tabs at bedtime and Trazadone tab 50 mg, 1 tab at bedtime were not signed as administered on 10/12/2022, 8:00p.m.</p> <p>Licensee Response: Mr. Chandler stated the medication was administered but staff forgot to sign the MAR. Mr. Chandler stated resident medications are always given at the time they are due, and the MAR signed, this was an oversight.</p> <p>On 11/07/2022, I spoke to Licensee Designee, Mark James via telephone regarding the renewal report and violations in the report. On 11/10/2022, Mr. James sent a corrective action plan. The corrective action plan documented, <i>'I spoke to all of the staff about the importance of documenting all passing of medications and to make sure the MAR is completed at the time of med passing.'</i></p>	
R 400.14313	Resident nutrition.
	(4) Menus of regular diets shall be written at least 1 week in advance and posted. Any change or substitution shall be noted and considered as part of the original menu.

<p>Finding: There are no posted menus in the facility.</p> <p>Licensee Response: Mr. Chandler stated resident meals are made daily depending on the ingredients available for the meals.</p> <p>On 11/07/2022, I spoke to Licensee Designee, Mark James via telephone regarding the renewal report and violations in the report. On 11/10/2022, Mr. James sent a corrective action plan. The corrective action plan documented, <i>'I spoke to the staff about making sure Menus were posted in the kitchen. I sent more blank menus to make sure they had them to write out.'</i></p>	
R 400.14315	Handling of resident funds and valuables.
	(2) 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.
<p>Finding: Resident Funds forms I&II were not available at the facility for department review.</p> <p>Licensee Response: Mr. Chandler stated they do not handle resident funds, and the resident files are not on site for department review.</p> <p>On 11/07/2022, I spoke to Licensee Designee, Mark James via telephone regarding the renewal report and violations in the report. On 11/10/2022, Mr. James sent a corrective action plan. The corrective action plan documented, <i>'I took the Employee and Residents files home with me to update them all. Unfortunately, I put them in a tote and the tote was thrown out in the trash by mistake. I am in the process of re-doing all the Resident Records and all of the Employee Files. I hope to have them all complete by December 10, 2022, and I will leave them at the home.'</i></p>	
R 400.14401	Environmental health.
	(3) 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.

<p>Finding: The water temperature in the upstairs shower tested at 121.8 degrees Fahrenheit.</p> <p>Licensee Response: Mr. Chandler stated they will turn the hot water heater down.</p> <p>On 11/07/2022, I spoke to Licensee Designee, Mark James via telephone regarding the renewal report and violations in the report. On 11/10/2022, Mr. James sent a corrective action plan. The corrective action plan documented, <i>'Water Heater has been turned down and water temp is now within acceptable range.'</i></p>	
R 400.14401	Environmental health.
	(8) Hand-washing facilities that are provided in both the kitchen and bathroom areas shall include hot and cold water, soap, and individual towels, preferably paper towels.
<p>Finding: There are no paper towels or any towels to wipe hands on in both upstairs and downstairs bathrooms.</p> <p>Licensee Response: On 11/07/2022, I spoke to Licensee Designee, Mark James via telephone regarding the renewal report and violations in the report. On 11/10/2022, Mr. James sent a corrective action plan. The corrective action plan documented, <i>'I spoke to the staff and told them to make sure paper towels were in the bathroom to dry hands.'</i></p>	
R 400.14402	Food service.
	(4) All perishable food shall be stored at temperatures that will protect against spoilage. All potentially hazardous food shall be kept at safe temperatures. This means that all cold foods are to be kept cold, 40 degrees Fahrenheit or below, and that all hot foods are to be kept hot, 140 degrees Fahrenheit or above, except during periods that are necessary for preparation and service. Refrigerators and freezers shall be equipped with approved thermometers.

<p>Finding: The refrigerator and freezers in the basement need thermometers.</p> <p>Licensee Response: On 11/07/2022, I spoke to Licensee Designee, Mark James via telephone regarding the renewal report and violations in the report. On 11/10/2022, Mr. James sent a corrective action plan. The corrective action plan documented, <i>'I ordered thermometers from Amazon they will be delivered on November 12, 2022.'</i></p>	
R 400.14403	Maintenance of premises.
	(1) A home shall be constructed, arranged, and maintained to provide adequately for the health, safety, and well-being of occupants.

Finding:

- Dining room and kitchen linoleum in disrepair.
- Outside wheelchair ramp has large burn holes in it
- Tiles in the resident bathroom on the main floor are broken in front of the shower and the floor is sagging.
- The frame around the resident bathroom door on the main floor is in disrepair.
- The kitchen countertops and cupboards are in disrepair.
- The glass on the front of the oven is gone.
- The toe kick on the lower cupboards near the stove is missing.
- The door in the upstairs hallway opens to an unsecured part of the roof and the glass in the door is broken out.
- The upstairs hallway has an outlet with no cover on it.
- Blinds in rooms throughout the facility are falling apart.
- The wall next to the washing machine in the laundry room has a large crack in it with a plant growing out of it.

Licensee Response: On 11/07/2022, I spoke to Licensee Designee, Mark James via telephone regarding the renewal report and violations in the report. On 11/10/2022, Mr. James sent a corrective action plan. The corrective action plan documented,

- Dining Room, Kitchen, and Living room will be replaced with Laminate Flooring by December 10, 2022.
- Wood on Ramp will be repaired by December 10, 2022.
- Bathroom Floor and door will be repaired by December 31, 2022.
- Kitchen counters, Cupboards, and Stove will be repaired or most likely replaced by February 1, 2023.
- Upstairs door will have a lock put on it and have the glass replace by November 20, 2022.
- Outlet in upstairs outlet will be covered with a plate by November 15, 2022.
- Blinds will be replaced in the windows by December 15, 2022.
- Basement wall will be repaired by December 15, 2022.

R 400.14403	Maintenance of premises.
	(5) All plumbing fixtures and water and waste pipes shall be properly installed and maintained in good working condition. Each water heater shall be equipped with a thermostatic temperature control and a pressure relief valve, both of which shall be in good working condition.

<p>Finding:</p> <ul style="list-style-type: none"> • The knob on the shower in the upstairs bathroom is broken off. • There is barely a trickle of water that comes out of the faucet in the upstairs bathroom making it impossible to use. <p>Licensee Response: On 11/07/2022, I spoke to Licensee Designee, Mark James via telephone regarding the renewal report and violations in the report. On 11/10/2022, Mr. James sent a corrective action plan. The corrective action plan documented,</p> <ul style="list-style-type: none"> • Shower knob will be repaired by December 20, 2022. • Bathroom sink will be repaired by December 1, 2022. 	
R 400.14410	Bedroom furnishings.
	(2) A resident bedroom shall be equipped with a mirror that is appropriate for grooming.
<p>Finding: Resident JS & BB's room does not have a mirror.</p> <p>Licensee Response: Mr. Chandler stated they had a mirror but they often disappear so he will put another mirror in the room.</p> <p>On 11/07/2022, I spoke to Licensee Designee, Mark James via telephone regarding the renewal report and violations in the report. On 11/10/2022, Mr. James sent a corrective action plan. The corrective action plan documented, <i>'Mirror has been put back in JS & BB's Room.'</i></p>	

IV. RECOMMENDATION

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



10/21/2022

Licensing Consultant

Date