

GRETCHEN WHITMER GOVERNOR

# STATE OF MICHIGAN DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS LANSING

ORLENE HAWKS DIRECTOR

December 5, 2019

Betty Holmes Heavenly Realm Family Services PO Box 3506 Saginaw, MI 48602

RE: License #: AS730370289

Heavenly Realm 5 1814 Cherry Street Saginaw, MI 48601

Dear Ms. Holmes:

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:

An on-site inspection was conducted.

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,

Christina Garza, Licensing Consultant Bureau of Community and Health Systems

4809 Clio Road Flint, MI 48504

(810) 240-2478

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

#### I. IDENTIFYING INFORMATION

**License #:** AS730370289

**Licensee Name:** Heavenly Realm Family Services

**Licensee Address:** 2236 Hammel Street

Saginaw, MI 48601

**Licensee Telephone #:** (989) 714-9046

Licensee/Licensee Designee: Betty Holmes

Administrator: Betty Holmes

Name of Facility: Heavenly Realm 5

Facility Address: 1814 Cherry Street

Saginaw, MI 48601

**Facility Telephone #:** (989) 714-9046

Original Issuance Date: 04/08/2015

Capacity: 5

Program Type: DEVELOPMENTALLY DISABLED

MENTALLY ILL

# **II. METHODS OF INSPECTION**

Date of On	-site Inspection(s	10/03/2019			
Date of Bureau of Fire Services Inspection if applicable: N/A					
Date of Health Authority Inspection if applicable:			N/A		
Inspection '	Туре:	☐ Interview and Observation☐ Combination			
No. of staff interviewed and/or observed 1 No. of residents interviewed and/or observed 2 No. of others interviewed 1 Role: Licensee Designee					
• Medica	ation pass / simu	lated pass observed? Yes 🗵	No ☐ If no, explain.		
• Medica	<ul> <li>Medication(s) and medication record(s) reviewed? Yes   No □ If no, explain</li> </ul>				
Yes $oxed{ imes}$	<ul> <li>Resident funds and associated documents reviewed for at least one resident? Yes ∑ No ☐ If no, explain.</li> <li>Meal preparation / service observed? Yes ∑ No ☐ If no, explain.</li> </ul>				
• Fire dr	ills reviewed? Y	es 🗵 No 🗌 If no, explain.			
• Fire sa	Fire safety equipment and practices observed? Yes ⊠ No ☐ If no, explain.				
If no, e	E-scores reviewed? (Special Certification Only) Yes \( \subseteq \text{No} \subseteq \text{N/A} \text{ \index} \) If no, explain. Water temperatures checked? Yes \( \subseteq \text{ No} \subseteq \text{ If no, explain.} \)				
<ul> <li>Incider</li> </ul>	Incident report follow-up? Yes  No  If no, explain.				
10/5/1	Corrective action plan compliance verified? Yes  CAP date/s and rule/s: 10/5/17 N/A  Number of excluded employees followed-up? 4 N/A				
<ul> <li>Varian</li> </ul>	ces? Yes ☐ (pl	ease 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 time of inspection, Licensee Designee did not have verification of having competed annual training hours.

## R 400.14312 Resident medications.

(2) Medication shall be given, taken, or applied pursuant to label instructions.

At time of inspection, medication sheet does not match medication label.

#### 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 time of inspection, water temperature was measured at 110.2 degrees Fahrenheit.

### R 400.14402 Food service.

(3) 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.

At time of inspection, deep freezer was not equipped with thermometer.

# 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.

At time of inspection, dryer vent was crushed and in need of repair.

A corrective action plan was requested and approved on 10/03/2019. 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

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

C. Barpa	12/5/19
Christina Garza Licensing Consultant	Date