

GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS LANSING

ORLENE HAWKS DIRECTOR

February 1, 2023

Lisa Yenglin 3252 Field Road Clio, MI 48420

RE: License #: AF250382605

Yenglin Home 3252 Field Road Clio, MI 48420

Dear Lisa Yenglin:

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) 643-7960

Sincerely,

Christopher Holvey, Licensing Consultant Bureau of Community and Health Systems

Christolin A. Holvey

611 W. Ottawa Street

P.O. Box 30664

Lansing, MI 48909

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

I. IDENTIFYING INFORMATION

License #: AF250382605

Licensee Name: Lisa Yenglin

Licensee Address: 3252 Field Road

Clio, MI 48420

Licensee Telephone #: (810) 564-3460

Licensee/Licensee Designee: N/A

Administrator: N/A

Name of Facility: Yenglin Home

Facility Address: 3252 Field Road

Clio, MI 48420

Facility Telephone #: (810) 564-3460

Original Issuance Date: 08/08/2016

Capacity: 6

Program Type: DEVELOPMENTALLY DISABLED

MENTALLY ILL

AGED

II. METHODS OF INSPECTION

| Dat | e of On-site Inspection(s): | 02/01/2023 |
|-----|--|--------------------------|
| Dat | e of Bureau of Fire Services Inspection if applicable: | N/A |
| Dat | e of Health Authority Inspection if applicable: | 02/01/2023 |
| No. | of staff interviewed and/or observed of residents interviewed and/or observed of others interviewed 0 Role: | 1 |
| • | Medication pass / simulated pass observed? Yes ⊠ | No 🗌 If no, explain. |
| • | Medication(s) and medication record(s) reviewed? Y | es 🗵 No 🗌 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 \square No \boxtimes If no, explain. Home was viewed to have an adaquate supply of food. Fire drills reviewed? Yes \boxtimes No \square If no, explain. | |
| • | Fire safety equipment and practices observed? Yes | ⊠ No If no, explain. |
| • | E-scores reviewed? (Special Certification Only) Yes If no, explain. Water temperatures checked? Yes ⊠ No ☐ If no, | |
| • | Incident report follow-up? Yes ⊠ No ☐ If no, expla | ain. |
| • | Corrective action plan compliance verified? Yes ☐ N/A ☒ | CAP date/s and rule/s: |
| • | | N/A 🖂 |
| • | Variances? Yes ∑ (please explain) No ☐ N/A ☐ Variance approved for exception to 404 (9). License legal guardian of a resident as long as the resident har finances. | |

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

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

R 400.1418 Resident medications.

(2) Medication shall be given pursuant to label instructions.

One resident's medication for Acetaminophen was prescribed as to be taken 2x daily, but licensee has been treating/passing this medication as a PRN (as needed).

R 400.1418 Resident medications.

(5) Prescription medication shall be kept in the original pharmacy-supplied and pharmacy labeled container, stored in a locked cabinet or drawer, refrigerated if required, and labeled for the specific resident.

One resident's insulin medication which is stored in the refrigerator was not in a locked container.

A corrective action plan was requested and approved on 02/01/2023. 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.

Christopher Holvey

Christopher Holvey

Licensing Consultant

Date