

GRETCHEN WHITMER GOVERNOR

# STATE OF MICHIGAN DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS LANSING

ORLENE HAWKS DIRECTOR

February 16, 2023

Ira Combs, Jr. Christ Centered Homes, Inc. 327 West Monroe Street Jackson, MI 49202

RE: License #: AS380338047

Herkimer-Hayes 1612 Herkimer Jackson, MI 49203

Dear Mr. Combs, Jr.:

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,

Maktina Rubertius

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 (517) 763-0211

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

#### I. IDENTIFYING INFORMATION

**License #:** AS380338047

**Licensee Name:** Christ Centered Homes, Inc.

**Licensee Address:** 327 West Monroe Street

Jackson, MI 49202

**Licensee Telephone #:** (517) 499-6404

Licensee/Licensee Designee: Ira Combs, Jr.,

**Administrator:** Ira Combs, Jr.,

Name of Facility: Herkimer-Hayes

Facility Address: 1612 Herkimer

Jackson, MI 49203

**Facility Telephone #:** (517) 250-7926

Original Issuance Date: 03/12/2013

Capacity: 6

Program Type: DEVELOPMENTALLY DISABLED

MENTALLY ILL

### **II. METHODS OF INSPECTION**

Date of On-site Inspection(s): 02/07/2023		
Date of Bureau of Fire Services Inspection if applicable: N/A		
Date of Health Authority Inspection if applicable: N/A		
No. of staff interviewed and/or observed  No. of residents interviewed and/or observed  No. of others interviewed  O Role:		
Medication pass / simulated pass observed? Yes ⊠ No ☐ If no, expl	ain.	
Medication(s) and medication record(s) reviewed? Yes ⊠ No □ If no	, explain	
<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.         The on-site inspection was not concurrent with the mealtimes.</li> <li>Fire drills reviewed? Yes ⋈ No ☐ If no, explain.</li> </ul>		
• Fire safety equipment and practices observed? Yes ⊠ No ☐ If no, e.	xplain.	
<ul> <li>E-scores reviewed? (Special Certification Only) Yes ⋈ No ⋈ N/A ⋈ If no, explain.</li> <li>Water temperatures checked? Yes ⋈ No ⋈ If no, explain.</li> </ul>		
<ul> <li>Incident report follow-up? Yes   No □ If no, explain.</li> </ul>		
<ul> <li>Corrective action plan compliance verified? Yes ☐ CAP date/s and ru N/A ☒</li> <li>Number of excluded employees followed-up? 1 N/A ☐</li> </ul>	le/s:	
Variances? Yes ☐ (please explain) No ☐ N/A ☒		

#### III. DESCRIPTION OF FINDINGS & CONCLUSIONS

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

#### 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.
  - The menus were not posted one week in advance and available for review.

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

- (6) Except for bank accounts, a licensee shall not accept resident funds of more than \$200.00 for any resident of the home after receiving payment of charges owed.
  - The resident records reflected that the licensee accepted more than \$200.00 for Resident A.

#### R 400.14403 Maintenance of premises.

- (4) A roof, exterior walls, doors, skylights, and windows shall be weathertight and watertight and shall be kept in sound condition and good repair.
  - The screen doors at the front and back of the facility did not function correctly and required repair or replacement.
  - The door leading to the second means of egress did not latch correctly.

## 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 and in good repair.
  - One kitchen cabinet required repair. One kitchen drawer was missing the handle.

#### 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.

The hot water temperature was 138 degrees Fahrenheit.

#### IV. RECOMMENDATION

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

Mahtina Rubritius	02/16/2023
Mahtina Rubritius	Date
Licensing Consultant	