



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

ORLENE HAWKS
DIRECTOR

March 2, 2023

Nicolette Cheff
Mill Street AFC Home, Inc.
P.O. Box 235
Atlas, MI 48411

RE: License #: AM630289045
Mill Street AFC Home
307 Mill St.
Ortonville, MI 48462

Dear Ms. Cheff:

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 a Statement of Correction.

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 (248) 975-5053.

Sincerely,

A handwritten signature in cursive script that reads "Kristen Donnay".

Kristen Donnay, Licensing Consultant
Cadillac Place
3026 W. Grand Blvd., Ste. 9-100
Detroit, MI 48202
(248) 296-2783

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

I. IDENTIFYING INFORMATION

License #:	AM630289045
Licensee Name:	Mill Street AFC Home, Inc.
Licensee Address:	307 Mill St. Ortonville, MI 48462
Licensee Telephone #:	(248) 627-3067
Licensee Designee:	Nicolette Cheff
Name of Facility:	Mill Street AFC Home
Facility Address:	307 Mill St. Ortonville, MI 48462
Facility Telephone #:	(248) 627-3067
Original Issuance Date:	11/20/2007
Capacity:	12
Program Type:	DEVELOPMENTALLY DISABLED MENTALLY ILL

II. METHODS OF INSPECTION

Date of On-site Inspection(s): 03/01/2023

Date of Bureau of Fire Services Inspection if applicable: 06/30/2022

Date of Health Authority Inspection if applicable: 02/09/2023

No. of staff interviewed and/or observed 1
No. of residents interviewed and/or observed 10
No. of others interviewed 1 Role: Licensee designee

- 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.
- 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

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

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

R 400.14204	Direct care staff; qualifications and training.
	(3) A licensee or administrator shall provide in-service training or make training available through other sources to direct care staff. Direct care staff shall be competent before performing assigned tasks, which shall include being competent in all of the following areas: (b) First aid. (c) Cardiopulmonary resuscitation.

During the period under review, direct care worker, Sharon Henderson, did not have First Aid and CPR training that was updated every two years (Training dates: 08/13/19 & 02/14/23).

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.

During the onsite inspection, the employee file for Renita Sargent did not contain a physician statement that was obtained within 30 days of employment (Hire date: 09/03/22; Physical dated 02/12/23).

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.
	(5) A licensee shall obtain written evidence, which shall be available for department review, that each direct care staff, other employees, and members of the household have been tested for communicable tuberculosis and that if the disease is present, appropriate precautions shall be taken as required by state law. Current testing shall be obtained before an individual's employment, assumption of duties, or occupancy in

	the home. The results of subsequent testing shall be verified every 3 years thereafter or more frequently if necessary.
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During the onsite inspection, the employee file for Renita Sargent did not contain proof of TB testing that was obtained at the time of hire (Hire date: 09/03/22; TB test dated 02/10/23). Sharon Henderson's employee file did not contain proof that TB testing was completed every 3 years (TB tests dated: 08/13/19 & 02/14/23).

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.

During the onsite inspection, the fire drills conducted from July-December 2021 did not specify the time when they were completed, so it could not be verified if they occurred during daytime, evening, and sleeping hours.

A corrective action plan was requested and approved on 03/01/2023. 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.



03/02/2023

Kristen Donnay
Licensing Consultant

Date