



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

ORLENE HAWKS  
DIRECTOR

April 5, 2023

JoAnn Milligan  
529 Sycamore St.  
Niles, MI 49120

RE: License #: AS110288841  
**Touch of Country Foster Care**  
**1014 North 6th St.**  
**Niles, MI 49120**

Dear Ms. Milligan:

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 when you obtain the TB Test.
- Please use a State Form for resident Health Care Appraisals.

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,

A handwritten signature in black ink that reads "Nile Khabeiry, LMSW".

Nile Khabeiry, Licensing Consultant  
Bureau of Community and Health Systems  
Unit 13, 7th Floor  
350 Ottawa, N.W.  
Grand Rapids, MI 49503

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

**I. IDENTIFYING INFORMATION**

<b>License #:</b>	AS110288841
<b>Licensee Name:</b>	JoAnn Milligan
<b>Licensee Address:</b>	529 Sycamore St. Niles, MI 49120
<b>Licensee Telephone #:</b>	(269) 684-9863
<b>Licensee/Licensee Designee:</b>	JoAnn Milligan
<b>Administrator:</b>	JoAnn Milligan
<b>Name of Facility:</b>	Touch of Country Foster Care
<b>Facility Address:</b>	1014 North 6th St. Niles, MI 49120
<b>Facility Telephone #:</b>	(269) 683-1669
<b>Original Issuance Date:</b>	08/18/2008
<b>Capacity:</b>	4
<b>Program Type:</b>	DEVELOPMENTALLY DISABLED MENTALLY ILL AGED

**II. METHODS OF INSPECTION**

Date of On-site Inspection(s): 03/28/2023

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 1

No. of residents interviewed and/or observed 4

No. of others interviewed 0 Role: [REDACTED]

- 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. No funds held by the home.
- 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 400.14205**      **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.

**FINDINGS:** The licensee's TB test was overdue.

**R 400.14301**      **Resident admission criteria; resident assessment plan; emergency admission; resident care agreement; physician's instructions; health care appraisal.**

**(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.

**FINDINGS:** Health care appraisals were not completed using State forms.

**R 400.14401**      **Environmental health.**

**(4)** All garbage and rubbish that contains food waste shall be kept in a leakproof, nonabsorbent containers. The containers

shall be kept covered with tight fitting lids and shall be removed daily and from the premise at least weekly.

**FINDINGS:** The home did not have a rubbish container with a tight fitting lid.

A corrective action plan was requested and approved on 03/28/2023. 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.

*Nile Khabeiry, LMSW*

4/5/23

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Nile Khabeiry  
Licensing Consultant

Date