

GRETCHEN WHITMER GOVERNOR STATE OF MICHIGAN DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS LANSING

ORLENE HAWKS DIRECTOR

April 24, 2023

Denice Wilson Wilson Residential Care Services, Inc. 6450 Barnes Rd. Millington, MI 48746

> RE: License #: AS250268248 Buell Lake Center 13481 Center Rd Clio, MI 48420

Dear Ms. Wilson:

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 or home for the aged authorized representative 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 (517) 643-7960.

Sincerely,

Sabria McGonan \langle

Sabrina McGowan, Licensing Consultant Bureau of Community and Health Systems 611 W. Ottawa Street P.O. Box 30664 Lansing, MI 48909 (810) 835-1019

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

I. IDENTIFYING INFORMATION

License #:	AS250268248
Licensee Name:	Wilson Residential Care Services, Inc.
Licensee Address:	6450 Barnes Rd. Millington, MI 48746
Licensee Telephone #:	(989) 871-5090
Licensee/Licensee Designee:	Denice Wilson
Administrator:	Denice Wilson
Name of Facility:	Buell Lake Center
Facility Address:	13481 Center Rd Clio, MI 48420
Facility Telephone #:	(810) 564-9569
Original Issuance Date:	11/04/2004
Capacity:	6
Program Type:	PHYSICALLY HANDICAPPED DEVELOPMENTALLY DISABLED MENTALLY ILL AGED

II. METHODS OF INSPECTION

Date of On-site Inspection(s):	04/20/2023	
Date of Bureau of Fire Services Inspection if app	licable: N/A	
Date of Health Authority Inspection if applicable:	02/07/2023	
No. of staff interviewed and/or observed No. of residents interviewed and/or observed No. of others interviewed 0 Role:	2 5	
Medication pass / simulated pass observed?	? Yes 🖂 No 🗌 If no, explain.	
Medication(s) and medication record(s) revie	ewed? Yes 🛛 No 🗌 If no, explain.	
 Resident funds and associated documents reviewed for at least one resident? Yes X No I If no, explain. Meal preparation / service observed? Yes X No I If no, explain. 		
● Fire drills reviewed? Yes ⊠ No □ If no, explain.		
• Fire safety equipment and practices observe	ed? 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. No IR's to review. 		
 Corrective action plan compliance verified? N/A X 	Yes CAP date/s and rule/s:	
 Number of excluded employees followed-up 	o? 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.
	(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.
	Staff who began working in January of 2022 did not have 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, in the employee file.
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.
	2 resident files had health care appraisals that were not written on a department health care appraisal form.

- 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.

 The closet door was observed off track and moved to the side in at least one resident bedroom.
- R 400.14510 Heating equipment generally.

(2) A furnace, water heater, heating appliances, pipes, wood-burning stoves and furnaces, and other flame-or heat producing equipment shall be installed in a fixed or permanent manner and in accordance with a manufacturer's instructions and shall be maintained in a safe condition.

Aluminum dryer duct is attached to the dryer.

IV. RECOMMENDATION

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

Sabria McGonan April 24, 2023

Sabrina McGowan Licensing Consultant

Date