



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

ORLENE HAWKS
DIRECTOR

May 3, 2023

Candice Counts
Hummingbird Hartland LLC
7146 Wide Valley Dr
Brighton, MI 48116

RE: License #: AM470387413
Investigation #: 2023A0466031
Hummingbird Hartland LLC

Dear Ms. Counts:

Attached is the Special Investigation Report for the above referenced facility. Due to the violations identified in the report, a written corrective action plan is required. 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 time frames 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 responsible party and a date.

If you desire technical assistance in addressing these issues, please feel free to contact me. In any event, the corrective action plan is due within 15 days. Failure to submit an acceptable corrective action plan will result in disciplinary action.

Please review the enclosed documentation for accuracy and contact me with any questions. In the event that I am not available and you need to speak to someone immediately, please contact the local office at (517) 284-9727.

Sincerely,

A handwritten signature in dark ink, appearing to read "Julie Elkins". The signature is written in a cursive, flowing style.

Julie Elkins, Licensing Consultant
Bureau of Community and Health Systems
611 W. Ottawa Street
P.O. Box 30664
Lansing, MI 48909

enclosure

**MICHIGAN DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
BUREAU OF COMMUNITY AND HEALTH SYSTEMS
SPECIAL INVESTIGATION REPORT**

I. IDENTIFYING INFORMATION

License #:	AM470387413
Investigation #:	2023A0466031
Complaint Receipt Date:	03/09/2023
Investigation Initiation Date:	03/09/2023
Report Due Date:	05/08/2023
Licensee Name:	Hummingbird Hartland LLC
Licensee Address:	10868 Hibner Rd Hartland, MI 48353
Licensee Telephone #:	(810) 991-1485
Administrator:	Candice Counts
Licensee Designee:	Candice Counts
Name of Facility:	Hummingbird Hartland LLC
Facility Address:	10868 Hibner Rd Hartland, MI 48353
Facility Telephone #:	(810) 991-1485
Original Issuance Date:	08/09/2017
License Status:	REGULAR
Effective Date:	02/07/2022
Expiration Date:	02/06/2024
Capacity:	8
Program Type:	PHYSICALLY HANDICAPPED ALZHEIMERS AGED

II. ALLEGATIONS:

	Violation Established?
Facility has a disapproved fire safety report.	Yes

III. METHODOLOGY

03/09/2023	Special Investigation Intake- 2023A0466031.
03/09/2023	Special Investigation Initiated – Telephone call to Fire Marshall Don Collick interviewed.
03/13/2023	Contact - Telephone call received from DCW Vicki Alfater interviewed.
03/16/2023	APS Referral.
03/30/2023	Inspection Completed On-site- No residents living at the facility.
03/30/2023	Contact- Document sent to licensee designee Candice Counts.
03/30/2023	Contact - Telephone call made to licensee designee Candace Counts interviewed.
04/27/2023	Contact - Telephone call made to Candice Counts interviewed second time.
05/02/2023	Exit conference with licensee designee Candice Counts attempted, Candice will call back when she is available.

ALLEGATION: Facility has a disapproved fire safety report.

INVESTIGATION:

On 03/09/2023, The Bureau of Fire Services (BFS) provided the Department of Licensing and Regulatory Affairs (LARA) with an annual *Inspection Report* that documented Hummingbird Hartland LLC had a disapproved, substantial non-compliance fire safety report.

I reviewed the *Inspection Report* completed by BFS Fire Marshal Don Collick who conducted the inspection on 03/09/2023 where the following deficiencies were noted under inspector comments:

1. "Observed non approved child locking devises on all exit doors. Must be removed immediately and advise inspector when completed.

2. Any device, equipment, system, condition, arrangement, level of protection, fire resistive construction, or any other feature requiring periodic testing, inspection, or operation to ensure its maintenance shall be tested, inspected, or operated as specified elsewhere in this code or as directed by the authority having jurisdiction.
3. Last documented annual inspection of the fire extinguishers was 3/2022.
4. To ensure operational integrity, the fire alarm system shall have an approved maintenance and testing program complying with the applicable requirements.
5. Last documented annual inspection was 2022.
6. All automatic sprinkler and standpipe systems shall be inspected, tested and maintained.
7. Last documented annual inspection was 2022.
8. Emergency egress and relocation drills shall be conducted not less than once per quarter per scheduled shift; daytime, 7 a.m. to 3 p.m., evening 3 p.m. to 11 p.m., and night, 11 p.m. to 7 a.m.
9. Last documented fire drill was May 2022.
10. Testing of required emergency lighting systems shall be tested.
11. Last documented inspection was 5/10/2022."

The *Inspection Report* documented the facility's safety certification was disapproved and found to be in substantial non-compliance with fire safety rules.

On 03/13/2023, direct care worker (DCW) Vicki Alfater reported the facility received a disapproved fire safety report. DCW Alfater reported the facility had three residents that they were looking to relocated. DCW Alfater reported fire drill logs had not been maintained nor had the required fire suppression inspections. DCW Alfater reported she did remove the child-locking devices from all doors.

On 03/30/2023, I conducted an unannounced investigation and I interviewed Patricia Beaune who reported all the residents were discharged on 03/29/2023. Ms. Beaune allowed me entry into the facility. Ms. Beaune did not have access to the facility's fire drill or resident records. I walked through the facility and observed child-locking devices on two exit doors. I did not observe any evidence that the facility had a telephone. Most of the bedrooms were cleared out and it appeared no residents were living in the facility. One bedroom did contain a closet full of clothing. I did not see any evidence that the fire extinguishers were being examined and maintained as recommended by the manufacturer.

I interviewed licensee designee and administrator Candice Counts on 03/30/2023 and again on 04/27/2023. Licensee designee Counts reported as of 03/29/2023 the facility does not have any residents. Licensee designee Counts reported she has not been able to have the required fire suppression inspections completed nor has the fire drill log been updated to reflect the fire drills that were conducted when residents resided at the facility. Licensee designee Counts reported that she wants to keep the license in good standing and is willing to do what is required.

On 05/02/2023, I called the facility's phone number and the call did not go through. There was a recorded message that stated that the call could not be completed as the called party is temporarily unavailable.

On 05/02/2023, I interviewed licensee designee Candice Counts who reported that she did get a message from Xfinity and was not sure if the bill was paid for the facility phone. Licensee designee Counts reported she would work on getting the phone back in service.

APPLICABLE RULE	
R 400.14318	Emergency preparedness; evacuation plan; emergency transportation.
	(3) A telephone shall be available and accessible in a home. Emergency telephone numbers shall, at a minimum, include fire, police, and medical emergency services and shall be conspicuously posted immediately adjacent to telephones.
ANALYSIS:	At the time of the unannounced investigation, there was no evidence a telephone was available in the facility. On 05/02/2023, I called the phone number that I had for the facility and the number was out of service therefore a violation has been established.
CONCLUSION:	VIOLATION ESTABLISHED

APPLICABLE RULE	
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.
ANALYSIS:	At the time of the unannounced investigation, there was no evidence facility direct care staff member were practicing evacuation procedures during daytime, evening, and sleeping hours at least once per quarter and therefore a violation has been established.
CONCLUSION:	VIOLATION ESTABLISHED

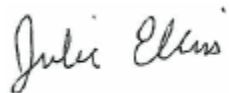
APPLICABLE RULE	
R 400.14403	Maintenance of premises.
	(1) A home shall be constructed, arranged, and maintained to provide adequately for the health, safety, and well-being of occupants.
ANALYSIS:	On 03/09/2023, BFS Fire Marshal Don Collick documented in the <i>Inspection Report</i> that the facility safety certification was disapproved and found to be in substantial non-compliance with fire safety rules therefore a violation has been established.
CONCLUSION:	VIOLATION ESTABLISHED

APPLICABLE RULE	
R 400.14506	Fire extinguishers; location, examination, and maintenance.
	(2) Fire extinguishers shall be examined and maintained as recommended by the manufacturer.
ANALYSIS:	At the time of the unannounced investigation, I did not see any evidence to support that the fire extinguishers were being examined and maintained as recommended by the manufacturer therefore a violation has been established.
CONCLUSION:	VIOLATION ESTABLISHED

APPLICABLE RULE	
R 400.14507	Means of egress generally.
	(5) A door that forms a part of a required means of egress shall be not less than 30 inches wide and shall be equipped with positive-latching, non-locking-against-egress hardware.
ANALYSIS:	At the time of the unannounced investigation, I observed child-locking devices on two exit doors therefore a violation has been established as the means of egress are locking against egress.
CONCLUSION:	VIOLATION ESTABLISHED

IV. RECOMMENDATION

Contingent upon receipt of an acceptable corrective action plan and fire safety approval, I recommend no change in the status of the license.



05/02/2023

Julie Elkins
Licensing Consultant

Date

Approved By:



05/03/2023

Dawn N. Timm
Area Manager

Date