



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

ORLENE HAWKS
DIRECTOR

April 26, 2023

Robin Johnson
108 W. Gibson Drive
Greenville, MI 48838

RE: License #: AM590085545
Johnson's AFC Home
108 W. Gibson Drive
Greenville, MI 48838

Dear Ms. Johnson:

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 by submitting the following information to me by 5/31/2023.
 - 16 hours of training which includes an updated CPR and First Aid Training.
 - Send a record of a current negative TB test.
 - Send a picture of a new toilet in bathroom 1 to show the broken tank is no longer present.

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 cursive script that reads "Jennifer Browning".

Jennifer Browning, Licensing Consultant
Bureau of Community and Health Systems
Browningj1@michigan.gov - (989) 444-9614

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

I. IDENTIFYING INFORMATION

License #:	AM590085545
Licensee Name:	Robin Johnson
Licensee Address:	108 W. Gibson Drive Greenville, MI 48838
Licensee Telephone #:	(616) 225-1240
Licensee:	Robin Johnson
Administrator:	Robin Johnson
Name of Facility:	Johnson's AFC Home
Facility Address:	108 W. Gibson Drive Greenville, MI 48838
Facility Telephone #:	(616) 225-1240
Original Issuance Date:	02/01/2000
Capacity:	12
Program Type:	PHYSICALLY HANDICAPPED DEVELOPMENTALLY DISABLED MENTALLY ILL AGED

II. METHODS OF INSPECTION

Date of On-site Inspection(s): 4/21/2023

Date of Bureau of Fire Services Inspection if applicable: 5/11/2022

Date of Health Authority Inspection if applicable: Not applicable

No. of staff interviewed and/or observed 1

No. of residents interviewed and/or observed 8

No. of others interviewed [redacted] 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. Ms. Johnson does not keep personal funds.
- Meal preparation / service observed? Yes No If no, explain. The inspection was not done during meal times. The food at the facility appeared safe and free from spoilage and contamination, the food service equipment was in good repair, and the facility appeared equipped to prepare and serve adequate meals.
- 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: as403(1), 411(1) from 4/26/2021 Renewal 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 400.14201 **Qualifications of administrator, direct care staff, licensee, and members of the household; provision of names of employee, volunteer, or member of the household on parole or probation or convicted of felony; food service staff.**

(3) Before a temporary license is issued, an applicant and an administrator shall be competent in all of the following areas:

(b) First aid.

Ms. Johnson does not have a valid First Aid training.

REPEAT VIOLATION ESTABLISHED. [SEE LSR DATED 4/26/2021 AND CAP DATED 4/26/2021].

R 400.14201 **Qualifications of administrator, direct care staff, licensee, and members of the household; provision of names of employee, volunteer, or member of the household on parole or probation or convicted of felony; food service staff.**

(3) Before a temporary license is issued, an applicant and an administrator shall be competent in all of the following areas:

(c) Cardiopulmonary resuscitation.

Ms. Johnson does not have a valid CPR training.

REPEAT VIOLATION ESTABLISHED. [SEE LSR DATED 4/26/2021 AND CAP DATED 4/26/2021].

R 400.14203 **Licensee and administrator training requirements.**

(1) A licensee and an administrator shall complete the following educational requirements specified in subdivision (a) or (b) of this subrule, or a combination thereof, on an annual basis:

(a) Participate in, and successfully complete, 16 hours of training designated or approved by the department that is relevant to the licensee's admission policy and program statement.

(b) Have completed 6 credit hours at an accredited college or university in an area that is relevant to the licensee's admission policy and program statement as approved by the department.

Ms. Johnson did not complete 16 hours of training on an annual basis. Ms. Johnson stated she completed 12 hours of training recently but did not have the certificates to show documentation of these trainings.

REPEAT VIOLATION ESTABLISHED. [SEE LSR DATED 4/26/2021 AND CAP DATED 4/26/2021].

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.

(4) A licensee shall provide the department with written evidence that he or she and the administrator have been tested for communicable tuberculosis and that if the disease is present, appropriate precautions shall be taken. The results of subsequent testing shall be verified every 3 years thereafter.

Ms. Johnson did not have record of a current negative tuberculosis test result at the time of the on-site renewal inspection.

REPEAT VIOLATION ESTABLISHED. [SEE LSR DATED 4/26/2021 AND CAP DATED 4/26/2021].

R 400.14403 Maintenance of premises.

(6) All plumbing fixtures and water and waste pipes shall be properly installed and maintained in good working condition. Each water heater shall be equipped with a thermostatic temperature control and a pressure relief valve, both of which shall be in good working condition.

The toilet in bathroom 1 has a broken tank on the toilet and needs to be replaced.

A corrective action plan was requested and approved on 04/26/2023. 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.

Jennifer Browning

Jennifer Browning
Licensing Consultant

04/26/2023

Date