



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

ORLENE HAWKS
DIRECTOR

April 27, 2023

Michael Myers
610 W. Unadilla
Pinckney, MI 48169

RE: License #: AF470088676
Hearthside Afc
610 Unadilla
Pinckney, MI 48169

Dear Mr. Myers:

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 verification that responsible person Shari Bradburn is free from communicable tuberculosis, that Resident A has a written assessment plan and that the broken bedroom window is repaired to me no later than 05/26/2023.

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 (517) 284-9730.

Sincerely,

A handwritten signature in cursive script that reads "Julie Elkins".

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

611 W. OTTAWA • P.O. BOX 30664 • LANSING, MICHIGAN 48909
www.michigan.gov/lara • 517-335-1980

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

I. IDENTIFYING INFORMATION

License #:	AF470088676
Licensee Name:	Michael Myers
Licensee Address:	610 W. Unadilla Pinckney, MI 48169
Licensee Telephone #:	(517) 404-1210
Licensee:	Michael Myers
Administrator:	N/A
Name of Facility:	Hearthside Afc
Facility Address:	610 Unadilla Pinckney, MI 48169
Facility Telephone #:	(517) 404-1210
Original Issuance Date:	01/07/2000
Capacity:	6
Program Type:	DEVELOPMENTALLY DISABLED MENTALLY ILL

II. METHODS OF INSPECTION

Date of On-site Inspections: 04/27/2023

Date of Bureau of Fire Services Inspection if applicable: N/A

Date of Health Authority Inspection if applicable: 03/20/2023

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.
- 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:
3/25/2021, 426 (1), 426 (4), 425 (3), 405 (3) and 406 (2). 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 400.1405 Health of a licensee, responsible person, and member of the household.

(3) A licensee shall provide the department with written evidence that he or she and each responsible person in the home is free from communicable tuberculosis. Verification shall be within the 3-year period before employment and verification shall occur every 3 years thereafter.

At the time of inspection verification that responsible person Shari Bradburn was free from communicable tuberculosis was not available for review.

REPEAT VIOLATION ESTABLISHED. Reference LSR 03/26/2021, CAP 03/25/2021.

R 400.1407 Resident admission and discharge criteria; resident assessment plan; resident care agreement; house guidelines; fee schedule; physicians instructions; health care appraisal.

(2) A licensee shall not accept or retain a resident for care unless and until a resident assessment plan is made and it is determined that the resident is suitable pursuant to the following provisions:

(a) The amount of personal care, supervision, and protection required by the resident is available in the home.

(b) The kinds of services and skills required of the home to meet the resident's needs are available in the home.

(c) The resident appears to be compatible with other residents and members of the household.

At the time of inspection Resident A's record did not contain a written assessment plan.

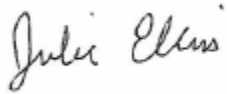
R 400.1426 Maintenance of premises.

(1) The premises shall be maintained in a clean and safe condition.

A bedroom window was broken and in need of repair.

IV. RECOMMENDATION

An acceptable corrective action plan has been received. Renewal of the license is recommended.



04/27/2023

Julie Elkins
Licensing Consultant

Date