



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

ORLENE HAWKS  
DIRECTOR

July 11, 2023

Amber Hernandez-Bunce  
Cornerstone I, Inc.  
P.O. Box 277  
Bloomington, MI 49026

RE: License #: AM800267076  
Cornerstone AFC  
59859 W M-43  
Bangor, MI 49013

Dear Ms. Hernandez-Bunce:

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) 284-9730.

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

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

**I. IDENTIFYING INFORMATION**

**License #:** AM800267076

**Licensee Name:** Cornerstone I, Inc.

**Licensee Address:** 98 45th St  
Bloomingtondale, MI 49026

**Licensee Telephone #:** (269) 521-4130

**Administrator/Licensee Designee:** Amber Hernandez-Bunce

**Name of Facility:** Cornerstone AFC

**Facility Address:** 59859 W M-43  
Bangor, MI 49013

**Facility Telephone #:** (269) 427-8096

**Original Issuance Date:** 11/01/2004

**Capacity:** 10

**Program Type:** PHYSICALLY HANDICAPPED  
DEVELOPMENTALLY DISABLED  
MENTALLY ILL  
AGED  
TRAUMATICALLY BRAIN INJURED

## II. METHODS OF INSPECTION

Date of On-site Inspection(s): 06/20/2023

Date of Bureau of Fire Services Inspection if applicable: 01/09/2023 A-Rating

Date of Health Authority Inspection if applicable: 04/06/2023 A-Rating

No. of staff interviewed and/or observed 2

No. of residents interviewed and/or observed 6

No. of others interviewed 2 Role: Administrative Staff

- 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.  
Inspection occurred between mealtimes.
- 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.  
The water temperature was measured to be 119.5 degrees Fahrenheit.
- Incident report follow-up? Yes  No  If no, explain.  
There were not any incident reports requiring follow-up.
- 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 400.14301      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.**

Resident A was admitted into the home on 1/24/23 and did not have a health care appraisal completed until 3/7/23. Resident B's last healthcare appraisal was completed on 4/13/22.

### IV. RECOMMENDATION

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



7/11/23

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Kristy Duda  
Licensing Consultant

Date