



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

ORLENE HAWKS
DIRECTOR

July 24, 2023

Vonda Willey
Blue Water Developmental Housing, Inc.
Ste 1
1600 Gratiot
Marysville, MI 48040

RE: License #: AS740298389
Springborn Home
320 Tenth Street
Marysville, MI 48040

Dear Vonda Willey:

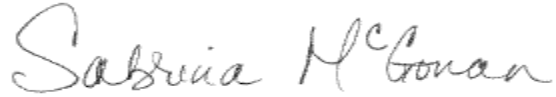
Attached is the Renewal Licensing Study Report for the facility referenced above. The violations cited in the report require the submission of a written corrective action plan. The corrective action plan is due 15 days from the date of this letter and must include the following:

- 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,

A handwritten signature in cursive script that reads "Sabrina McGowan". The signature is written in black ink and is positioned below the word "Sincerely,".

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 #: AS740298389

Licensee Name: Blue Water Developmental Housing, Inc.

Licensee Address: Ste 1
1600 Gratiot
Marysville, MI 48040

Licensee Telephone #: (810) 388-1200

Licensee/Licensee Designee: Vonda Willey

Administrator: Vonda Willey

Name of Facility: Springborn Home

Facility Address: 320 Tenth Street
Marysville, MI 48040

Facility Telephone #: (810) 388-0656

Original Issuance Date: 01/21/2009

Capacity: 6

Program Type: DEVELOPMENTALLY DISABLED

II. METHODS OF INSPECTION

Date of On-site Inspection(s): 07/13/2023

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

Date of Environmental/Health Inspection if applicable: 07/13/2023

No. of staff interviewed and/or observed 3

No. of residents interviewed and/or observed 1

No. of others interviewed 1 Role: Residential Services Division

- 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.
No meal at the time of the visit.
- 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.
No IR's to review.
- Corrective action plan compliance verified? Yes CAP date/s and rule/s:
08/04/2021-R208(1), R301(4)(6), R306(6), R311(1b), R312(4), R318(5). 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.

(4) At the time of admission, and at least annually, a written assessment plan shall be completed with the resident or the resident's designated representative, the responsible agency, if applicable, and the licensee. A licensee shall maintain a copy of the resident's written assessment plan on file in the home.

Resident B's assessment plan was not signed by the designated representative.

REPEAT VIOLATION. LSR dated 7/20/2021. CAP dated 08/04/2021, signed by former licensee designee, Kathleen Swantek, stated that the program supervisor will create assessment plans for all residents in the home and ensure signatures are obtained from all required signers.

R 400.14310 Resident health care.

(3) A licensee shall record the weight of a resident upon admission and monthly thereafter. Weight records shall be kept on file for 2 years.

Resident A did not have his weight recorded the month's 11/2022, 12/2022 or 02/2023.

REPEAT VIOLATION. LSR dated 07/20/202. CAP dated 08/04/2021, signed by former licensee designee, Kathleen Swantek, stated that the program supervisor will ensure these records are maintained in the individual supported files.

R 400.14315 Handling of resident funds and valuables.

(6) Except for bank accounts, a licensee shall not accept resident funds of more than \$200.00 for any resident of the home after receiving payment of charges owed.

Resident B's resident funds has a current balance of \$201.57, exceeding the allotted amount.

R 400.14316 Resident records.

(1) A licensee shall complete, and maintain in the home, a separate record for each resident and shall provide record information as required by the department. A resident record shall include, at a minimum, all of the following information:

(a) Identifying information, including, at a minimum, all of the following:

- (i) Name.**
- (ii) Social security number, date of birth, case number, and marital status.**
- (iii) Former address.**
- (iv) Name, address, and telephone number of the next of kin or the designated representative.**
- (v) Name, address, and telephone number of the person and agency responsible for the resident's placement in the home.**
- (vi) Name, address, and telephone number of the preferred physician and hospital.**
- (vii) Medical insurance.**
- (viii) Funeral provisions and preferences.**
- (ix) Resident's religious preference information.**

Resident A's face sheet did not contain burial provisions, religious preference or the agency responsible for the resident's placement in the home.

Resident B's face sheet did not contain burial provisions, religious preference or the agency responsible for the resident's placement in the home.

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.

Plastic dryer duct observed attached to the dryer.

IV. RECOMMENDATION

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

Sabrina McGowan July 24, 2023

Sabrina McGowan
Licensing Consultant

Date