



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

ORLENE HAWKS
DIRECTOR

July 13, 2023

Diana Hiller
823 Evanston Drive
Jackson, MI 49202

RE: License #: AF380002732
Hiller Adult Foster Home
823 Evanston Drive
Jackson, MI 49202

Dear Diana Hiller:

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 a Statement of Correction by August 4, 2023.

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 (313) 456-0380.

Sincerely,

A handwritten signature in cursive script that reads "Mahtina Rubritius".

Mahtina Rubritius, Licensing Consultant
Bureau of Community and Health Systems
Cadillac Place
3026 W. Grand Blvd., Ste. #9-100
Detroit, MI 48202
(517) 262-8604

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

I. IDENTIFYING INFORMATION

License #: AF380002732

Licensee Name: Diana Hiller

Licensee Address: 823 Evanston Drive
Jackson, MI 49202

Licensee Telephone #: (517) 784-7734

Licensee/Licensee Designee: N/A

Administrator: N/A

Name of Facility: Hiller Adult Foster Home

Facility Address: 823 Evanston Drive
Jackson, MI 49202

Facility Telephone #: (517) 784-7734

Original Issuance Date: 05/22/1975

Capacity: 6

Program Type: PHYSICALLY HANDICAPPED
DEVELOPMENTALLY DISABLED
MENTALLY ILL
AGED
ALZHEIMERS

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 Health Authority Inspection if applicable: N/A

No. of staff interviewed and/or observed 2

No. of residents interviewed and/or observed 3

No. of others interviewed 1 Role: Jackson County Guardian

- 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.
The on-site inspection was not concurrent with the 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.
- Incident report follow-up? Yes No If no, explain.
There were no incident reports submitted.
- 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 400.1407 **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.

- The AFC Assessment Plan was not completed at the time of admission for Resident A.

R 400.1416 **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.

- While the licensee documented the current weight for Resident A, she was not weighed at the time of admission. The monthly weights for Resident A were not contained within the file.
- The licensee did not consistently document the monthly weight records for Resident B.

R 400.1421 Handling of resident funds and valuables.

(3) A licensee shall have a resident's funds and valuables transaction form completed and on file for each resident. A department form shall be used unless prior authorization for a substitute form has been granted in writing by the department.

- The Resident Funds Part II form was not completed for Resident A.

R 400.1426 Maintenance of premises.

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

- The dryer was vented with a flexible foil duct.
- The hot water temperature was 138 degrees Fahrenheit.

R 400.1437 Smoke detection equipment.

(5) Detectors mounted on ceilings shall be spaced not less than 6 inches away from any walls. Detectors mounted on walls shall be spaced between 6 and 12 inches away from the ceiling. A smoke detector shall not be mounted where ventilation systems or other obstructions keep smoke away.

- The smoke detector located on the ceiling, outside of the sleeping areas, was less than 6 inches away from the wall.

IV. RECOMMENDATION

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

Makina Rubaitis

7/13/23

Licensing Consultant

Date