

GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS LANSING

MARLON I. BROWN, DPA ACTING DIRECTOR

October 3, 2023

Karon Lee Michigan Community Services, Inc. PO Box 317 Swartz Creek, MI 48473

RE: License #: AS250010707

Granada House 7088 Granada Lane Flint, MI 48532

Dear Karon Lee:

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: *(choose one or more)*

- You are to submit documentation of compliance and/or
- An on-site inspection will be conducted.

The study has determined substantial compliance with applicable licensing statutes and administrative rules. Therefore, your license and special certification are 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) 643-7960.

Sincerely,

Christopher Holvey, Licensing Consultant Bureau of Community and Health Systems

Christolin A. Holvey

611 W. Ottawa Street

P.O. Box 30664

Lansing, MI 48909

(517) 899-5659

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

I. IDENTIFYING INFORMATION

License #: AS250010707

Licensee Name: Michigan Community Services, Inc.

Licensee Address: 5239 Morrish Rd.

Swartz Creek, MI 48473

Licensee Telephone #: (810) 635-4407

Licensee/Licensee Designee: Karon Lee, Designee

Administrator: Lena Crosson

Name of Facility: Granada House

Facility Address: 7088 Granada Lane

Flint, MI 48532

Facility Telephone #: (810) 635-3642

Original Issuance Date: 04/11/1983

Capacity: 6

Program Type: PHYSICALLY HANDICAPPED

DEVELOPMENTALLY DISABLED

Special Certification: PHYSICALLY HANDICAPPED

DEVELOPMENTALLY DISABLED

II. METHODS OF INSPECTION

Date	e of On-site Inspection(s):	09/25/2023	
Date	e of Bureau of Fire Services Inspection if applicable:	N/A	
Date	e of Environmental/Health Inspection if applicable:	09/25/2023	
No.	of staff interviewed and/or observed of residents interviewed and/or observed of others interviewed 0 Role:	4 6	
•	Medication pass / simulated pass observed? Yes \boxtimes	No ☐ If no, explain.	
•	Medication(s) and medication record(s) reviewed? You	es 🗵 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 No If no, explain. Home was viewed to have an adequate supply of food. 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 If no, explain. Water temperatures checked? Yes No If no, or	<u> </u>	
•	Incident report follow-up? Yes ⊠ No ☐ If no, expla	in.	
•	Corrective action plan compliance verified? Yes ☐ 0 N/A ☒ Number of excluded employees followed-up?	CAP date/s and rule/s:	
•	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 400.14401 Environmental health.

(2) Hot and cold running water that is under pressure shall be provided. A licensee shall maintain the hot water temperature for a resident's use at a range of 105 degrees Fahrenheit to 120 degrees Fahrenheit at the faucet.

Home's water temperature in the resident bathroom was found to be below the 105 degree requirement.

A corrective action plan was requested and approved on 09/25/2023. 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 and special certification is recommended.

Christolin A. Holvey	
	10/3/2023
Christopher Holvey	Date
Licensing Consultant	