



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

MARLON I. BROWN, DPA  
ACTING DIRECTOR

September 29, 2023  
Sunil Bhattad  
Mindset Management Inc.  
PO Box 240  
Ortonville, MI 48462

RE: License #: AL630262311

**Natures Way AFC Home  
651 State Park Rd  
Ortonville, MI 48462**

Dear Mr. Bhattad:

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.

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 (248) 975-5053.

Sincerely,

Sheena Worthy, Licensing Consultant  
Bureau of Community and Health Systems  
Cadillac Place  
3026 W. Grand Blvd, Suite 9-100  
Detroit, MI 48202

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

**I. IDENTIFYING INFORMATION**

**License #:** AL630262311

**Licensee Name:** Mindset Management Inc.

**Licensee Address:** 1600 Michael St  
Ortonville, MI 48462

**Licensee Telephone #:** (248) 627-3858

**Licensee/Licensee Designee:** Sunil Bhattad

**Administrator:** Sunil Bhattad

**Name of Facility:** Natures Way AFC Home

**Facility Address:** 651 State Park Rd  
Ortonville, MI 48462

**Facility Telephone #:** (248) 627-3858

**Original Issuance Date:** 10/26/2004

**Capacity:** 20

**Program Type:** DEVELOPMENTALLY DISABLED  
MENTALLY ILL

## II. METHODS OF INSPECTION

Date of On-site Inspection(s): 09/27/2023

Date of Bureau of Fire Services Inspection if applicable: 09/28/23

Date of Health Authority Inspection if applicable: 07/05/2023

No. of staff interviewed and/or observed 1

No. of residents interviewed and/or observed 3

No. of others interviewed [redacted] 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.  
It was not meal time during the onsite.
- 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.  
N/A
- Corrective action plan compliance verified? Yes  CAP date/s and rule/s:  
LSR CAP Approved 10/05/21;316(1)(b), 301(6)
- LSR CAP Approved 09/11/19; 301(10), 312(5), 312(1), 201(14), 312(7), 407(1)  
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 400.15203            Licensee and administrator training requirements.**

**(1) A licensee and an administrator shall complete the following educational requirements specified in subdivision (a) or (b) of this subrule, or a combination thereof, on an annual basis:**

**(a) Participate in, and successfully complete, 16 hours of training designated or approved by the department that is relevant to the licensee's admission policy and program statement.**

**(b) Have completed 6 credit hours at an accredited college or university in an area that is relevant to the licensee's admission policy and program statement as approved by the department.**

The licensee designee, Sunil Bhattad did not complete 16 hours of training for 2021 or 2022.

**R 400.15204            Direct care staff; qualifications and training.**

**(3) A licensee or administrator shall provide in-service training or make training available through other sources to direct care staff. Direct care staff shall be competent before performing assigned tasks, which shall include being competent in all of the following areas:**

**(d) Personal care, supervision, and protection.**

**(g) Prevention and containment of communicable diseases.**

Staff member Robert Lowe, did not have training verification for personal care, supervision, and protection, or prevention and containment of communicable diseases.

**R 400.15205 Health of a licensee, direct care staff, administrator, other employees, those volunteers under the direction of the licensee, and members of the household.**

(2) A licensee shall have, on file with the department, a statement that is signed by a licensed physician or his or her designee attesting to the physician's knowledge of the physical health of the licensee and administrator. The statement shall be signed within 6 months before the issuance of a temporary license and at any other time requested by the department.

The licensee designee Sunil Bhattad, did not complete a physical for 2021.

**R 400.15205 Health of a licensee, direct care staff, administrator, other employees, those volunteers under the direction of the licensee, and members of the household.**

(3) A licensee shall maintain, in the home, and make available for department review, a statement that is signed by a licensed physician or his or her designee attesting to the physician's knowledge of the physical health of direct care staff, other employees, and members of the household. The statement shall be obtained within 30 days of an individual's employment, assumption of duties, or occupancy in the home.

Staff member Robert Lowe physical did not indicate if he was in good physical and/or mental health condition, as the doctor did not complete that section on the physical.

**R 400.15301 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 B was admitted on 11/01/22 but, his physical was not completed until 12/20/22.

**REPEAT VIOLATION ESTABLISHED: LSR CAP APPROVED 09/11/19**

**R 400.15301      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 A is her own guardian, but she did not sign her 2022 or 2021 assessment plan.

**R 400.15301      Resident admission criteria; resident assessment plan; emergency admission; resident care agreement; physician's instructions; health care appraisal.**

(6) At the time of a resident's admission, a licensee shall complete a written resident care agreement. A resident care agreement is the document which is established between the resident or the resident's designated representative, the responsible agency, if applicable, and the licensee and which specifies the responsibilities of each party.

Resident A is her own guardian, but she did not sign her 2022 or 2021 resident care agreement.

**REPEAT VIOLATION ESTABLISHED: LSR CAP APPROVED 10/05/21**

**R 400.15310      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 B weight record was not recorded at admission.

**R 400.15312 Resident medications.**

(7) Prescription medication that is no longer required by a resident shall be properly disposed of after consultation with a physician or a pharmacist.

Resident A Diclofenac Sodium expired on 02/14/23 but it was not properly disposed of.

**REPEAT VIOLATION ESTABLISHED: LSR CAP APPROVED 09/11/19**

**R 400.15318 Emergency preparedness; evacuation plan; emergency transportation.**

(5) A licensee shall practice emergency and evacuation procedures during daytime, evening, and sleeping hours at least once per quarter. A record of the practices shall be maintained and be available for department review.

During the second quarter in 2022, there was a fire drill completed in April at 2:14 however; it was not documented whether the fire drill occurred in the AM or PM. During the fourth quarter in 2022, an evening fire drill was not completed.

During the first, second, and third quarters, there were fire drills completed that did not include whether the fire drill occurred in the AM or PM.

**R 400.15312 Resident medications.**

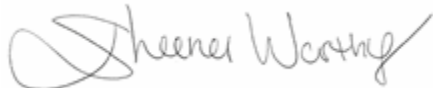
- (4) When a licensee, administrator, or direct care staff member supervises the taking of medication by a resident, he or she shall comply with all of the following provisions:
- (a) Be trained in the proper handling and administration of medication.

Staff member Robert Lowe, did not have training verification for administering medications.

A corrective action plan was requested and approved on 09/27/2023. 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 is recommended.



Sheena Worthy  
Licensing Consultant

09/29/23  
Date