



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
ACTING DIRECTOR

October 13, 2023

Rebecca Forbes
130 45th Street
Bloomington, MI 49026

RE: License #: AS800336566
True Blue AFC
42124 38th Avenue
Paw Paw, MI 49079

Dear Rebecca Forbes:

A six-month provisional license is recommended. If you do not contest the issuance of a provisional license, you must indicate so in writing; this may be included in your corrective action plan or in a separate document. If you contest the issuance of a provisional license, you must notify this office in writing and an administrative hearing will be scheduled. Even if you contest the issuance of a provisional license, you must still submit an acceptable corrective action plan within 15 days.

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,

A handwritten signature in blue ink that reads "KDuda".

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

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

I. IDENTIFYING INFORMATION

License #: AS800336566

Licensee Name: Rebecca Forbes

Licensee Address: 130 45th Street
Bloomingtondale, MI 49026

Licensee Telephone #: (269) 521-4500

Licensee/Licensee Designee: Rebecca Forbes

Administrator: Charles Kelly

Name of Facility: True Blue AFC

Facility Address: 42124 38th Avenue
Paw Paw, MI 49079

Facility Telephone #: (269) 415-0014

Original Issuance Date: 02/19/2013

Capacity: 6

Program Type: DEVELOPMENTALLY DISABLED
MENTALLY ILL
TRAUMATICALLY BRAIN INJURED

II. METHODS OF INSPECTION

Date of On-site Inspection(s): 09/20/2023

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

Date of Health Authority Inspection if applicable: 05/04/2023 – A Rating

No. of staff interviewed and/or observed 2

No. of residents interviewed and/or observed 3

No. of others interviewed 1 Role: Human Resources 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 112 degrees Fahrenheit.
- Incident report follow-up? Yes No If no, explain.
Incident reports were reviewed related to special investigations conducted.
- Corrective action plan compliance verified? Yes CAP date/s and rule/s:
8/15/22 - R400.14301(a), 6/7/22 - R400.301(2)(a), 9/18/23 - R400.14403 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:

MCL 722.115 License required; applicability; application; forms; investigations; on-site visit; issuance or renewal of license; investigation and certification of foster family home or group home; placement of children in foster family home, family group home, unlicensed residence, adult foster care family home, or adult foster care small group home; certification; criminal history check; "good moral character" defined.

Six employee files did not have background clearances available for review.

R 330.1803 Facility environment; fire safety.

(1) A facility that has a capacity of 4 to 6 clients shall be equipped with an interconnected multi-station smoke detection system which is powered by the household electrical service and which, when activated, initiates an alarm that is audible in all areas of the home. The smoke detection system shall be installed on all levels, including basements, common activity areas, and outside each sleeping area, but excluding crawl spaces and unfinished attics, so as to provide full coverage of the home. The system shall include a battery backup to assure that the system is operable if there is an electrical power failure and accommodate the sensory impairments of clients living in the facility, if needed. A fire safety system shall be installed in accordance with the manufacturer's instructions by a licensed electrical contractor and inspected annually. A record of the inspections shall be maintained at the facility.

Staff could not provide documentation confirming the smoke detection system had been serviced on an annual basis, as required.

REPEAT VIOLATION ESTABLISHED

Licensing study report (LSR) dated 9/16/19, corrective action plan (CAP) dated 9/23/19.

R 400.14205 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 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.

Two employees hired within the past year did not have verification they had initial medicals completed within 30 days of employment.

REPEAT VIOLATION ESTABLISHED

LSR dated 9/16/19 CAP dated 9/23/19 and LSR 9/24/21 and CAP dated 10/8/21.

R 400.14205 Health of a licensee, direct care staff, administrator, other employees, those volunteers under the direction of the licensee, and members of the household.

(5) A licensee shall obtain written evidence, which shall be available for department review, that each direct care staff, other employees, and members of the household have been tested for communicable tuberculosis and that if the disease is present, appropriate precautions shall be taken as required by state law. Current testing shall be obtained before an individual's employment, assumption of duties, or occupancy in the home. The results of subsequent testing shall be verified every 3 years thereafter or more frequently if necessary.

Five out of six employee records reviewed did not have a tuberculosis screening available for review.

REPEAT VIOLATION ESTABLISHED

LSR dated 9/16/19 CAP dated 9/23/19 and LSR 9/24/21 and CAP dated 10/8/21.

R 400.14205 Health of a licensee, direct care staff, administrator, other employees, those volunteers under the direction of the licensee, and members of the household.

(6) A licensee shall annually review the health status of the administrator, direct care staff, other employees, and members of the household. Verification of annual reviews shall be maintained by the home and shall be available for department review.

Four out of six employee files reviewed did not have an annual health statement available for review.

R 400.14208 Direct care staff and employee records.

**(1) A licensee shall maintain a record for each employee. The record shall contain all of the following employee information:
(f) Verification of reference checks.**

Two employees hired within the past year did not have reference checks available for review. Four employee files reviewed for staff that have been with the company for more than one year were not available for review.

REPEAT VIOLATION ESTABLISHED

LSR 9/24/21 and CAP dated 10/8/21.

R 400.14315 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.

Resident Funds II forms to document Adult Foster Care payments were not available for review for all residents in the home.

REPEAT VIOLATION ESTABLISHED

LSR dated 9/16/19 CAP dated 9/23/19 and LSR 9/24/21 and CAP dated 10/8/21.

R 400.14511 **Flame-producing equipment; enclosures.**

(2) Heating plants and other flame-producing equipment located on the same level as the residents shall be enclosed in a room that is constructed of material which has a 1-hour-fire resistance rating, and the door shall be made of 1 3/4-inch solid core wood. The door shall be hung in a fully stopped wood or steel frame and shall be equipped with an automatic self-closing device and positive-latching hardware.

The home's fire door located in the laundry room was not equipped with positive-latching hardware.

REPEAT VIOLATION ESTABLISHED

LSR 9/24/21 and CAP dated 10/8/21.

IV. RECOMMENDATION

Contingent upon receipt of an acceptable corrective action plan, issuance of a provisional license is recommended.



10/5/23

Kristy Duda
Licensing Consultant

Date