



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
ACTING DIRECTOR

November 9, 2023

Bethany Mays
Resident Advancement, Inc.
PO Box 555
Fenton, MI 48430

RE: License #: AS760014821
Austin Clf
225 Austin Street
Sandusky, MI 48471

Dear Bethany Mays:

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,

A handwritten signature in cursive script that reads "Christopher A. Holvey".

Christopher Holvey, Licensing Consultant
Bureau of Community and Health Systems
611 W. Ottawa St.
Lansing, MI. 48909
(517) 899-5659

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

I. IDENTIFYING INFORMATION

License #: AS760014821

Licensee Name: Resident Advancement, Inc.

Licensee Address: 411 S. Leroy, PO Box 555
Fenton, MI 48430

Licensee Telephone #: (810) 750-0382

Licensee/Licensee Designee: Bethany Mays, Designee

Administrator: Lisa Savage

Name of Facility: Austin Clf

Facility Address: 225 Austin Street
Sandusky, MI 48471

Facility Telephone #: (810) 648-9634

Original Issuance Date: 04/29/1993

Capacity: 4

Program Type: PHYSICALLY HANDICAPPED
DEVELOPMENTALLY DISABLED
MENTALLY ILL
AGED

Special Certification: DEVELOPMENTALLY DISABLED
MENTALLY ILL

II. METHODS OF INSPECTION

Date of On-site Inspection(s): 11/02/2023

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

Date of Health Authority Inspection if applicable: 11/02/2023

No. of staff interviewed and/or observed 2

No. of residents interviewed and/or observed 0

No. of others interviewed 0 Role: [REDACTED]

- Medication pass / simulated pass observed? Yes No If no, explain. Home currently has no residents residing there.
- 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. Home currently has no residents.
- Meal preparation / service observed? Yes 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 No N/A If no, explain.
- Water temperatures checked? Yes No If no, explain.
- Incident report follow-up? Yes No If no, explain. None required to review.
- 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 400.14401 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 was over the 120 degree limit.

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.

The home's dryer duct that was installed was not made of required metal material.

R 400.14511 Flame-producing equipment; enclosures.

(1) If the heating plant is located in the basement of a small group home, standard building material may be used for the floor separation. Floor separation shall also include at least 1 3/4-inch solid core wood door or equivalent to create a floor separation between the basement and the first floor.

Although there was an appropriate fire door installed, the door did not properly shut and/or latch on it's own.

A corrective action plan was requested and approved on 11/02/2023. 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.



11/9/2023

Christopher Holvey
Licensing Consultant

Date