

GRETCHEN WHITMER GOVERNOR STATE OF MICHIGAN DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS LANSING

MARLON I. BROWN, DPA ACTING DIRECTOR

November 20, 2023

Teziah Manumbu 179 Lynn Drive BATTLE CREEK, MI 49037

> RE: License #: AS130415473 Stephens Home 146 Fenton St. Battle Creek, MI 49037

Dear Mrs. Manumbu:

Attached is the Renewal Licensing Study Report for the facility referenced above. The violations cited in the report require the submission of a written corrective action plan. The corrective action plan is due 15 days from the date of this letter and must include the following:

- How compliance with each rule will be achieved.
- Who is directly responsible for implementing the corrective action for each violation.
- Specific dates for each violation as to when the correction will be completed or implemented.
- How continuing compliance will be maintained once compliance is achieved.
- The signature of the licensee or licensee designee or home for the aged, authorized representative and a date.

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,

Kevin L. Sellers

Kevin Sellers, Licensing Consultant Bureau of Community and Health Systems 611 W. Ottawa Street P.O. Box 30664 Lansing, MI 48909 <u>SellersK1@michigan.gov</u> (517) 230-3704

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

I. IDENTIFYING INFORMATION

License#:	AS130415473
Licensee Name:	Teziah Manumbu
Licensee Address:	179 Lynn Drive BATTLE CREEK, MI 49037
Licensee Telephone #:	(269) 300-5799
Licensee Designee:	Teziah Manumbu
Administrator:	Teziah Manumbu
Name of Facility:	Stephens Home
Facility Address:	146 Fenton St Battle Creek, MI 49037
Facility Telephone #:	(269) 300-5799
Original Issuance Date:	05/24/2023
Capacity:	4
Program Type:	DEVELOPMENTALLY DISABLED MENTALLY ILL

II. METHODS OF INSPECTION

Date of On-site Inspection(s):11/17/2023Date 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 observed0No. of residents interviewed and/or observed0No. of others interviewed1Role:Licensee Designee

- Medication pass / simulated pass observed? Yes
 No
 If no, explain.
 There have been no residents in care since the orginal issurance of the license
 on 05/24/2023.
- Medication(s) and medication record(s) reviewed? Yes
 No
 If no, explain.
 There have been no residents in care since the orginal issurance of the license
 on 05/24/2023.
- Resident funds and associated documents reviewed for at least one resident? Yes No X If no, explain. There have been no residents in care since the orginal issurance of the license on 05/24/2023.
- Fire drills reviewed? Yes □ No ⊠ If no, explain. There have been no residents in care since the orginal issurance of the license on 05/24/2023.
- Fire safety equipment and practices observed? Yes 🗌 No 🖂 If no, explain. There have been no residents in care since the orginal issurance of the license on 05/24/2023.
- E-scores reviewed? (Special Certification Only) Yes No N/A
 If no, explain. There have been no residents in care since the orginal issurance of the license on 05/24/2023.
- Water temperatures checked? Yes ☐ No ⊠ If no, explain. There have been no residents in care since the orginal issurance of the license on 05/24/2023.
- Incident report follow-up? Yes No X If no, explain.
 There have been no residents in care since the orginal issurance of the license on 05/24/2023.
- Corrective action plan compliance verified? Yes ⊠ CAP date/s and rule/s: 11/20/2023 CAP MCL 400.713 (3)(b) N/A □
- Number of excluded employees followed-up? N/A \boxtimes
- 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 400.713 License required; application; forms; investigation; on-site evaluation; issuance or renewal of license; disclosures; maximum number of persons; stating type of specialized program; issuance of license to specific person at specific location; transferability of license; sale of facility; notice; items of noncompliance; refusal by department to issue or renew license; conditions; unlicensed facility; violation as misdemeanor; penalty; receipt of completed application; issuance of license within certain time period; inspections; report; criminal history and records check; storage of fingerprints in automated fingerprint identification system database; convictions; "completed application" defined.
(3) Before issuing or renewing a license, the department

(3) Before issuing or renewing a license, the department shall investigate the activities and standards of care of the applicant and shall make an on-site evaluation of the facility. On-site inspections conducted in response to the application may be conducted without prior notice to the applicant. On-site inspections conducted for renewing a license may be conducted within 12 months before the expiration date of the current license without impact on the license renewal date or the license fee. Subject to subsections (9), (10), and(11), the department shall issue or renew a license if satisfied as to all of the following:

(b) The applicant's compliance with this act and rules promulgated under this act.

FINDING: On 11/17/2023, the licensee designee, Teziah Manumbu confirmed there have been no residents in care at the facility since original issuance of the license on 05/24/2023. Resident quality of care cannot be assessed due to the facility not having residents for the last six-months of the license. Subsequently the renewal of the license cannot be completed.

IV. RECOMMENDATION

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

Kevin L. Sellers

11/20/2023

Kevin Sellers Licensing Consultant Date

Approved By:

hmn

11/20/2023

Dawn N. Timm Area Manager

Date