

GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS LANSING

MARLON I. BROWN, DPA ACTING DIRECTOR

November 6, 2023

Shelby Moore 1385 Gidner Rd Charlotte, MI 48813

RE: License #: AM230008108

Moores Adult Foster Care Home.

P.O. Box 249 1385 Gidner Rd. Charlotte, MI 48813

Dear Shelby Moore:

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 (517) 284-9730.

Sincerely,

Ondrea Johnson, Licensing Consultant

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Bureau of Community and Health Systems

427 East Alcott

Kalamazoo, MI 49001

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

I. IDENTIFYING INFORMATION

License #: AM230008108

Licensee Name: Carole Moore-Kidder

Licensee Address: 1385 Gidner Rd

Charlotte, MI 48813

Licensee Telephone #: (517) 543-2822

Licensee Designee: Shelby Moore

Administrator: Shelby Moore

Name of Facility: Moores Adult Foster Care Home.

Facility Address: P.O. Box 249

1385 Gidner Rd.

Charlotte, MI 48813

Facility Telephone #: (517) 543-2822

Original Issuance Date: 10/10/1983

Capacity: 12

Program Type: ALZHEIMERS

AGED

II. METHODS OF INSPECTION

Date	e of On-site Inspection(s):	11/06/2	2023
Date	e of Bureau of Fire Services Inspection if appl	icable:	10/16/2023
Date	e of Health Authority Inspection if applicable:		08/15/2023
No.	of staff interviewed and/or observed of residents interviewed and/or observed of others interviewed 0 Role: 0		2 7
•	Medication pass / simulated pass observed?	Yes 🗵	〗No □ If no, explain.
•	Medication(s) and medication record(s) revie	wed? \	∕es ⊠ No If no, explain.
•	Resident funds and associated documents re Yes No I If no, explain. Meal preparation / service observed? Yes		
•	Fire drills reviewed? Yes ⊠ No ☐ If no, ex	cplain.	
•	Fire safety equipment and practices observed	d? Yes	No □ If no, explain.
•	E-scores reviewed? (Special Certification On If no, explain. Water temperatures checked? Yes ⊠ No □	• ,	
•	Incident report follow-up? Yes ⊠ No ☐ If r	no, expl	ain.
•	Corrective action plan compliance verified? `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 400.14301

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

(9) A licensee shall review the written resident care agreement with the resident or the resident's designated representative and responsible agency, if applicable, at least annually or more often if necessary.

FINDINGS: Resident A and Resident B did not have a written resident care agreement to reflect that this document has been reviewed at least annually.

A corrective action plan was requested and approved on 11/06/2023. 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.

Ondrea Johnson

Licensing Consultant

11/06/2023

Date