



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
ACTING DIRECTOR

October 3, 2023

Virgil Yarbrough
Yarbrough AFC II Inc
P O Box 19734
Detroit, MI 48219

RE: License #: AS820382715
Yarbrough AFC II
15226 Beechdale
Taylor, MI 48180

Dear Mr. Yarbrough:

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.

Upon receipt of an acceptable corrective plan, 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 (313) 456-0380.

Sincerely,

A handwritten signature in black ink, appearing to read 'D Walker', with a horizontal line extending to the right.

Denasha Walker, Licensing Consultant
Bureau of Community and Health Systems
Cadillac Pl. Ste 9-100
3026 W. Grand Blvd
Detroit, MI 48202
(313) 300-9922

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

I. IDENTIFYING INFORMATION

License #:	AS820382715
Licensee Name:	Yarbrough AFC II Inc
Licensee Address:	15226 Beechdaly Taylor, MI 48180
Licensee Telephone #:	(734) 941-7355
Licensee/Licensee Designee:	Virgil Yarbrough
Administrator:	Virgil Yarbrough
Name of Facility:	Yarbrough AFC II
Facility Address:	15226 Beechdaly Taylor, MI 48180
Facility Telephone #:	(734) 941-7355
Original Issuance Date:	04/05/2017
Capacity:	5
Program Type:	DEVELOPMENTALLY DISABLED MENTALLY ILL

II. METHODS OF INSPECTION

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

Date of Bureau of Fire Services Inspection if applicable:

Date of Health Authority Inspection if applicable:

No. of staff interviewed and/or observed 1

No. of residents interviewed and/or observed 3

No. of others interviewed 1 Role: licensee designee

- Medication pass / simulated pass observed? Yes No If no, explain.
A full worksheet inspection was completed.
- 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.
Meal prepared prior to inspection.
- 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.
- Corrective action plan compliance verified? Yes CAP date/s and rule/s:
CAP Dated 10/08/2021 R400.14301 (10), R400.14301 (9), R400.14315 (3),
R400.14403(11), R400.14403(2), R400.14511 (2) 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 330.1803

Facility environment; fire safety.

(6) Evacuation assessments shall be conducted within 30 days after the admission of each new client and at least annually thereafter. The specialized program shall forward a copy of each completed assessment to the responsible agency and retain a copy in the home for inspection. A home that is assessed as having an evacuation difficulty index of "impractical" using appendix f of the life safety code of the national fire protection association shall have a period of 6 month from the date of the finding to either of the following:

(a) Improve the score to at least the "slow" category.

(b) Bring the home into compliance with the physical plant standards for "Impractical" homes contained in chapter 21 of the 1985 life safety code of the national fire protection association, which are adopted by reference in these rules and which may be obtained from the Department of Mental Health, Lewis Cass Building, Lansing, MI 48913, at cost, or from the National Fire Protection Association Library, Battermarch Park, P.O. Box 9101, Quincy, Massachusetts 02269-9101, 1-800-344-3555. A prepaid fee may be required by the national fire protection association for a copy of the chapter 21 standards. A price quote for copying of these pages may be obtained from the national fire protection association.

At the time of inspection, Resident A was not included in the annual 2022 evacuation assessment completed on 09/08/2022. Resident A was admitted to the home on 10/25/2021.

R 400.14203

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.

At the time of inspection Virgil Yarbrough, licensee designee/administrator, failed to successfully complete, 16 hours of training or 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.

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.

At the time of inspection, Virgil Yarbrough, licensee designee/administrator, did not have a current physical health statement or health review on file.

R 400.14210 Resident register.

A licensee shall maintain a chronological register of residents who are admitted to the home. The register shall include all of the following information for each resident:

- (a) Date of admission.**
- (b) Date of discharge.**
- (c) Place and address to which the resident moved, if known.**

At the time of inspection, the home did not contain a chronological register of residents who are admitted to the home.

R 400.14301 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.

At the time of inspection:

- Resident A's 2021 assessment plan was not signed by Resident A's designated representative at the time of admission.
- Resident A's resident file did not contain an annual 2022 or 2023 assessment plan.
- Resident B's resident file did not contain an annual 2021, 2022 or 2023 assessment plan.

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.

At the time of inspection:

- Resident A's 2021, 2022, or 2023 resident care agreement was not signed by Resident A's designated representative.
- Resident B's resident file did not contain an annual 2021, 2022 or 2023 resident care agreement.

***REPEAT VIOLATION ESTABLISHED* LSR DATED 9/30/2021; CAP DATED 10/08/2021**

R 400.14310 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.

At the time of inspection, Resident B's file did not contain monthly weights for this renewal period.

*It should be noted that a monthly weight was prematurely documented for Resident A, dated 10/10/2023.

R 400.14312 Resident medications.

(1) Prescription medication, including dietary supplements, or individual special medical procedures shall be given,

taken, or applied only as prescribed by a licensed physician or dentist. Prescription medication shall be kept in the original pharmacy-supplied container, which shall be labeled for the specified resident in accordance with the requirements of Act No. 368 of the Public Acts of 1978, as amended, being {333.1101 et seq. of the Michigan Compiled Laws, kept with the equipment to administer it in a locked cabinet or drawer, and refrigerated if required.

At the time of inspection, Resident A's insulin medication was observed in the refrigerator unsecured.

R 400.14312 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:

(b) Complete an individual medication log that contains all of the following information:

- (i) The medication.**
- (ii) The dosage.**
- (iii) Label instructions for use.**
- (iv) Time to be administered.**
- (v) The initials of the person who administers the medication, which shall be entered at the time the medication is given.**
- (vi) A resident's refusal to accept prescribed medication or procedures.**

At the time of inspection, Resident B's medication administration log (MARs) did not contain initials of the person who administered medications.

Risperidone Tab 2mg; take one tablet by mouth at bedtime, was not initialed on 09/01/2023, 09/02/2023, 09/03/2023, 09/08/2023-09/13/2023 at 8:00 p.m.

Risperidone Tab 3mg; take one tablet by mouth at bedtime, was not initialed on 09/01/2023, 09/02/2023, 09/03/2023, 09/08/2023-09/10/2023 at 8:00 p.m.

Benzotropine Mes 1mg tablet, take one tablet by mouth twice daily, was not initialed on 09/01/2023 - 09/04/2023, 09/06/2023 - 09/20/2023 at 8:00 a.m. 09/01/2023 – 09/03/2023, 09/08/2023 - 09/11/2023, 09/17/2023 at 8:00 p.m.

Virgil Yarbrough, licensee designee/administrator, was unable to provide an explanation regarding the medications.

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.

At the time of inspection, Resident B's resident file did not contain a completed funds and valuables transaction form.

***REPEAT VIOLATION ESTABLISHED* LSR DATED 9/30/2021; CAP DATED 10/08/2021**

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.

At the time of inspection, the hot water temperature for a resident's use did not range between 105 to 120 degrees Fahrenheit at the faucet.

- Kitchen, 135.9 degrees Fahrenheit
- Bathroom (second level), 135.6 degrees Fahrenheit

R 400.14402 Food service.

(3) All perishable food shall be stored at temperatures that will protect against spoilage. All potentially hazardous food shall be kept at safe temperatures. This means that all cold foods are to be kept cold, 40 degrees Fahrenheit or below, and that all hot foods are to be kept hot, 140 degrees Fahrenheit or above, except during periods that are necessary for preparation and service. Refrigerators and freezers shall be equipped with approved thermometers.

At the time of inspection, the refrigerator was not equipped with a thermometer.

R 400.14402 Food service.

(6) Household and cooking appliances shall be properly installed according to the manufacturer's recommended safety practices. Where metal hoods or canopies are provided, they shall be equipped with filters. The filters

shall be maintained in an efficient condition and kept clean at all times. All food preparation surfaces and areas shall be kept clean and in good repair.

At the time of inspection, the stove was not working.

R 400.14403 Maintenance of premises.

(1) A home shall be constructed, arranged, and maintained to provide adequately for the health, safety, and well-being of occupants.

At the time of inspection, the home was not constructed, arranged, and maintained to provide adequately for the health, safety, and well-being of residents:

- The fascia board in the rear of the home was damaged and partially missing.
- The gutter in the rear of the home was worn and not in good repair.
- The ceiling in the office and the laundry room was unfinished and not in good repair.
- The ceiling in Resident A's bedroom was damaged and not in good repair.
- The closet in the resident bedroom located on the main level, on the South side of the home was off-track.

R 400.14403 Maintenance of premises.

(13) A yard area shall be kept reasonably free from all hazards, nuisances, refuse, and litter.

At the time of inspection, debris, chairs, a television, bicycle, screen door, buckets, tools, and wooden slacks were observed in the backyard. The garbage cans were overflowing.

R 400.14403 Maintenance of premises.

(2) Home furnishings and housekeeping standards shall present a comfortable, clean, and orderly appearance.

At the time of inspection, the housekeeping standards did not present a comfortable, clean, and orderly appearance.

- The carpet in Resident A's bedroom was filthy and heavily stained.
- A sheet was tacked up to Resident A's window
- The walls throughout the home were dirty.
- The paint on the walls throughout the kitchen was chipping
- There was a hole in Resident B's bedroom wall.

***REPEAT VIOLATION ESTABLISHED* LSR DATED 9/30/2021; CAP DATED 10/08/2021**

R 400.14403 Maintenance of premises.

(4) A roof, exterior walls, doors, skylights, and windows shall be weathertight and watertight and shall be kept in sound condition and good repair.

At the time of inspection, the roof was covered with a tarp due to leakage.

R 400.14403 Maintenance of premises.

(6) All plumbing fixtures and water and waste pipes shall be properly installed and maintained in good working condition. Each water heater shall be equipped with a thermostatic temperature control and a pressure relief valve, both of which shall be in good working condition.

At the time of inspection, the hot water in the bathroom located on the main level was turned off by staff due to a leakage.

R 400.14411 Linens.

(2) A licensee shall provide at least 1 standard bed pillow that is comfortable, clean, and in good condition for each resident bed.

At the time of inspection, the resident's pillows were not clean, or good condition.

IV. RECOMMENDATION

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



09/27/2023

Licensing Consultant

Date

Approved by:



10/3/2023

Area Manager

Date