



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
ACTING DIRECTOR

December 1, 2023

Brett Wiley
8912 Otter Dr.
Farwell, MI 48622

RE: License #: AS180407234
Wiley-Gunden AFC
16 N. Kapplinger Dr.
Farwell, MI 48622

Dear Mr. Wiley:

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 regular license will be issued. If you fail to submit an acceptable corrective action plan, disciplinary action will result.

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 black ink that reads "Johnnie Daniels". The signature is written in a cursive, flowing style.

Johnnie Daniels, Licensing Consultant
Bureau of Community and Health Systems
611 W. Ottawa Street
P.O. Box 30664
Lansing, MI 48909

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

I. IDENTIFYING INFORMATION

| | |
|--------------------------------|---|
| License #: | AS180407234 |
| Licensee Name: | Brett Wiley |
| Licensee Address: | 8912 Otter Dr. Farwell, MI 48622 |
| Licensee Telephone #: | (989) 666-0995 |
| Licensee: | Brett Wiley |
| Administrator: | Brett Wiley |
| Name of Facility: | Wiley-Gunden AFC |
| Facility Address: | 16 N. Kapplinger Dr. Farwell, MI 48622 |
| Facility Telephone #: | (989) 588-6769 |
| Original Issuance Date: | 06/15/2021 |
| Capacity: | 6 |
| Program Type: | DEVELOPMENTALLY DISABLED |

II. METHODS OF INSPECTION

Date of On-site Inspection(s): 11/30/2023

Date of Bureau of Fire Services Inspection if applicable:

Date of Environmental/Health Inspection if applicable: 09/05/2023

No. of staff interviewed and/or observed 3

No. of residents interviewed and/or observed 5

No. of others interviewed [redacted] Role: [redacted]

- 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.
Meals were not being consumed at the time of the 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.
No current incident reports for the residents.
- 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 400.14203 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.

Finding: At the time of the inspection Licensee Designee Brett Wiley did not have verification that he successfully completed 16 annual training hours.

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 physician's 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.

Finding: At the time of the inspection, employee records for direct care staff members Matthew Cater and Ted Hopkins did not contain a medical clearance signed by a licensed physician attesting to the knowledge of the physical health of these direct care staff members prior to starting their employment in the facility.

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.

Finding: At the time of the inspection, I was unable to review annual health reviews for direct care staff members Matthew Cater and Ted Hopkins.

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.

Finding: At the time of the inspection, Resident A's *Assessment Plan for AFC Residents* was not located in the within the file and thus not available for review.

R 400.14315 Handling of resident funds and valuables.

(12) Charges against the resident's account shall not exceed the agreed price for the services rendered and goods furnished or made available by the home to the resident.

Findings: At the time of the inspection, the amount or fee listed for monthly adult foster care services on 3 out of 6 *Resident Care Agreements* did not match the amount or fee charged on each of those three residents' Resident Funds Part II form.

IV. RECOMMENDATION

Contingent upon receipt of an acceptable corrective action plan, renewal of the license is recommended.



12/5/2023

Johnnie Daniels
Licensing Consultant

Date

Approved:



12/07/2023

Dawn Timm
Area Manager

Date