



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

MARLON I. BROWN, DPA  
ACTING DIRECTOR

December 11, 2023

David Benjamin  
A&D Charitable Foundation Inc  
3150 Enterprise Dr  
Saginaw, MI 48603

RE: License #: AH730401359  
Community Village  
3200 Hospital Rd  
Saginaw, MI 48603

Dear Mr. Benjamin:

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 action plan, a regular license will be issued. Please me with any questions. In the event that I am not available and you need to speak to someone immediately, please feel free to contact the local office at (517) 284-9730.

Sincerely,

A handwritten signature in cursive script that reads "Aaron L. Clum".

Aaron Clum, Licensing Staff  
Bureau of Community and Health Systems  
611 W. Ottawa Street  
P.O. Box 30664  
Lansing, MI 48909  
(517) 230-2778

enclosure

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

**I. IDENTIFYING INFORMATION**

<b>License #:</b>	AH730401359
<b>Licensee Name:</b>	A&D Charitable Foundation Inc
<b>Licensee Address:</b>	3150 Enterprise Dr Saginaw, MI 48603
<b>Authorized Representative:</b>	David Benjamin
<b>Administrator:</b>	Robin Rappley
<b>Name of Facility:</b>	Community Village
<b>Facility Address:</b>	3200 Hospital Rd Saginaw, MI 48603
<b>Facility Telephone #:</b>	(989) 792-5442
<b>Original Issuance Date:</b>	03/18/2020
<b>Capacity:</b>	90
<b>Program Type:</b>	AGED

## II. METHODS OF INSPECTION

Date of On-site Inspection(s): 12/08/2023

Date of Bureau of Fire Services Inspection if applicable: 06/07/2023

Inspection Type:  Interview and Observation  Worksheet  
 Combination

Date of Exit Conference: 12/11/2023

No. of staff interviewed and/or observed 7  
No. of residents interviewed and/or observed 20  
No. of others interviewed N/A Role

- Medication pass / simulated pass observed? Yes  No  If no, explain.
- Medication(s) and medication records(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.
- Fire drills reviewed? Yes  No  If no, explain.
- Water temperatures checked? Yes  No  If no, explain.
- Incident report follow-up? Yes  IR date/s: N/A
- Corrective action plan compliance verified? Yes  CAP date/s and rule/s: SI#2021A0585049: 1924(1)(e),1924(3) - SI#2023A1019073: 1931(5)
- Number of excluded employees followed up? 1 N/A

### III. DESCRIPTION OF FINDINGS & CONCLUSIONS

This facility was found to be in non-compliance with the following rules:	
R 325.1922	Admission and retention of residents.
	<p>(7) An individual admitted to residence in the home shall have evidence of tuberculosis screening on record in the home which consists of an intradermal skin test, chest x-ray, or other methods recommended by the local health authority performed within 12 months before admission. Initial screening may consist of an intradermal skin test, a blood test, a chest x-ray, or other methods recommended by the public health authority. The screening type and frequency of routine tuberculosis (TB) testing shall be determined by a risk assessment as described in the 2005 MMWR “Guidelines for Preventing the Transmission of Mycobacterium tuberculosis in Health-Care Settings, 2005” (<a href="http://www.cdc.gov/mmwr/pdf/rr/rr5417.pdf">http://www.cdc.gov/mmwr/pdf/rr/rr5417.pdf</a>), Appendices B and C, and any subsequent guidelines as published by the centers for disease control and prevention. A home, and each location or venue of care, if a home provides care at multiple locations, shall complete a risk assessment annually. Homes that are low risk do not have to conduct annual TB testing for residents.</p>
Upon request, the facility was unable to provide a community risk assessment which included residents.	
R 325.1923	Employee's health.
	<p>(2) A home shall provide initial tuberculosis screening at no cost for its employees. New employees shall be screened within 10 days of hire and before occupational exposure. The screening type and frequency of routine tuberculosis (TB) testing shall be determined by a risk assessment as described in the 2005 MMWR Guidelines for Preventing the Transmission of Mycobacterium tuberculosis in Health-Care Settings, 2005 (<a href="http://www.cdc.gov/mmwr/pdf/rr/rr5417.pdf">http://www.cdc.gov/mmwr/pdf/rr/rr5417.pdf</a>), Appendices B and C, and any subsequent guidelines as published by the centers for disease control and prevention. Each home, and each location or venue of care, if a home provides care at multiple locations, shall complete a risk assessment</p>

	<b>annually. Homes that are low risk do not need to conduct annual TB testing for employees.</b>
Upon request, the facility was unable to provide a community risk assessment which included staff. Additionally, Upon review of employment records for Associate 1 and Associate 2, it was revealed that both associates had initial occupational exposure with residents on 4/05/2020 but did not complete TB screening until 4/15/2020.	
<b>R 325.1924</b>	<b>Reporting of incidents, accidents, elopement.</b>
	<p><b>(1) A home for the aged must implement and maintain a quality review program consistent with section 20175(8) of the act, MCL 333.20175, and the professional review function. The program is responsible for all of the following:</b></p> <p><b>(a) Reviewing and evaluating incidents.</b></p> <p><b>(b) Identifying effective means to correct any deficient practice.</b></p> <p><b>(c) Ensuring resident safety and quality of care.</b></p> <p><b>(d) Improving procedures.</b></p>
Upon request, the facility was unable to provide documented evidence of a quality review program consistent with section 20175(8) of the act, MCL 333.20175, and the professional review function.	

**IV. RECOMMENDATION**

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

*Aaron L. Chum*

12/11/2023

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Licensing Consultant

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Date