

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

MARLON I. BROWN, DPA ACTING DIRECTOR

January 25, 2024

Stephney Sweet 50 Pickford Road Kimball, MI 48074

> RE: License #: AF740406236 Water Wheel Alternative Living 7808 Wildcat Road Jeddo, MI 48032

Dear Stephney Sweet:

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:

• An on-site inspection will be conducted.

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) 643-7960.

Sincerely,

abria McGonan

Sabrina McGowan, Licensing Consultant Bureau of Community and Health Systems 611 W. Ottawa Street P.O. Box 30664 Lansing, MI 48909 (810) 835-1019

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

I. IDENTIFYING INFORMATION

| License #: | AF740406236 |
|-----------------------------|--|
| Licensee Name: | Stephney Sweet |
| Licensee Address: | 7808 Wildcat Road Jeddo, MI 48032 |
| Licensee Telephone #: | (810) 887-1987 |
| Licensee/Licensee Designee: | Stephney Sweet |
| Administrator: | N/A |
| Name of Facility: | Water Wheel Alternative Living |
| Facility Address: | 7808 Wildcat Road Jeddo, MI 48032 |
| Facility Telephone #: | (810) 300-8677 |
| Original Issuance Date: | 08/09/2021 |
| Capacity: | 6 |
| Program Type: | PHYSICALLY HANDICAPPED AGED ALZHEIMERS |

II. METHODS OF INSPECTION

| Date of On-site Inspection(s): 01/24/2024 | |
|---|----|
| Date of Bureau of Fire Services Inspection if applicable: N/A | |
| Date of Health Authority Inspection if applicable: 10/06/2023 | |
| No. of staff interviewed and/or observed2No. of residents interviewed and/or observed2No. of others interviewed1Role:Licensee | |
| • Medication pass / simulated pass observed? Yes \boxtimes No \square If no, explain. | |
| • Medication(s) and medication record(s) reviewed? Yes 🛛 No 🗌 If no, explain | n. |
| Resident funds and associated documents reviewed for at least one resident? Yes X No I If no, explain. Meal preparation / service observed? Yes X No I If no, explain. | |
| • 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: 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 400.1422 | Resident records. |
|------------|---|
| | (1) A licensee shall complete and maintain a separate record for each resident and shall provide record information as required by the department. A resident record shall include, at a minimum, all of the following information: (f) Assessment plan. |
| | Resident Assessment plan observed was not completed according to the instructions. |
| R 400.1425 | Food service. |
| | (1) All food shall be from sources approved or considered satisfactory by the department and shall be clean; wholesome; free from spoilage, adulteration, and misbranding; and safe for human consumption. |
| | Expired canned goods found in the food pantry. |
| R 400.1426 | Maintenance of premises. |
| | (1) The premises shall be maintained in a clean and safe condition. |
| | Torn window screen over garage needs replacing. |
| R 400.1438 | Emergency preparedness; evacuation plan; emergency transportation. |
| | (4) Fire drills shall be conducted 4 times a year. Two of the 4 required fire drills shall be conducted during sleeping hours. A record of the fire drills shall be incorporated with the evacuation plan. |
| | Drills were not conducted during sleeping hours. |

A corrective action plan was requested and approved on 01/24/2024. 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

Contingent upon completion of the current Special Investigation, renewal of the license is recommended.

Sabria McGonan January 25, 2024

Sabrina McGowan Licensing Consultant

Date