



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

MARLON I. BROWN, DPA  
ACTING DIRECTOR

December 13, 2023

Michael Kirby  
Kirby's Adult Foster Care Services Inc.  
2285 E. Lily Lake  
Harrison, MI 48625

RE: License #: AS370400088  
**Kirby's Eagle Point AFC**  
**8114 E. Pickard**  
**Mt. Pleasant, MI 48858**

Dear Mr. Kirby:

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 and a date.

Upon receipt of an acceptable corrective plan and an approved Environmental Health Inspection (EHI), a regular license and special certification 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,

Jennifer Browning, Licensing Consultant  
Bureau of Community and Health Systems  
Browningj1@michigan.gov - (989) 444-9614

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

**I. IDENTIFYING INFORMATION**

<b>License #:</b>	AS370400088
<b>Licensee Name:</b>	Kirby's Adult Foster Care Services Inc.
<b>Licensee Address:</b>	2285 E. Lily Lake Harrison, MI 48625
<b>Licensee Telephone #:</b>	(989) 430-8061
<b>Licensee Designee:</b>	Michael Kirby
<b>Administrator:</b>	Michael Kirby
<b>Name of Facility:</b>	Kirby's Eagle Point AFC
<b>Facility Address:</b>	8114 E. Pickard Mt. Pleasant, MI 48858
<b>Facility Telephone #:</b>	(989) 317-3016
<b>Original Issuance Date:</b>	07/01/2019
<b>Capacity:</b>	6
<b>Program Type:</b>	DEVELOPMENTALLY DISABLED MENTALLY ILL
<b>Certified Programs:</b>	DEVELOPMENTALLY DISABLED MENTALLY ILL

**II. METHODS OF INSPECTION**

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

Date of Bureau of Fire Services Inspection if applicable: Not applicable

Date of Health Authority Inspection if applicable: Pending results. Completed on 12/12/23.

No. of staff interviewed and/or observed 4

No. of residents interviewed and/or observed 3

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.
- 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 400.14312 Resident medications.**

**(2) Medication shall be given, taken, or applied pursuant to label instructions.**

Resident A's medication Quetiapine Fumerate 200 mg on December 6, 2023 was not administered. On December 7, 2023 a different direct care staff member did not initial the medication was given, however, they did administer the medication.

Resident B's medication administration record (MAR) did not have documentation that Resident B received their Metformin and Sodium Flouride at 7:30 am on December 7, 2023.

**R 400.14403 Maintenance of premises.**

**(11) Handrails and nonskid surfacing shall be installed in showers and bath areas.**

The bathroom closest to the dining room did not have nonskid surfacing installed in the shower area.

**R 400.14512 Electrical service.**

**(1) The electrical service of a home shall be maintained in a safe condition.**

Resident A's bedroom (Room 6) did not have a cover on the light switch.

### IV. RECOMMENDATION

Contingent upon receipt of an acceptable corrective action plan and an approved environmental health inspection, renewal of the license and special certification is recommended.

*Jennifer Browning*

Jennifer Browning  
Licensing Consultant

12/13/2023

Date