



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

MARLON I. BROWN, DPA  
ACTING DIRECTOR

February 5, 2024

Stephanie Riley  
Valley Residential Serv Inc.  
P O Box 186  
St Charles, MI 486550186

|                |  |
|----------------|--|
| RE: License #: | AS060275479<br>Elm Home<br>141 Almont Street<br>Standish, MI 48658 |
|----------------|--|

Dear Stephanie Riley:

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 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) 643-7960.

Sincerely,

A handwritten signature in dark ink, appearing to read "Shamidah Wyden". The signature is fluid and cursive, with the first name being more prominent.

Shamidah Wyden, Licensing Consultant  
Bureau of Community and Health Systems  
411 Genesee  
P.O. Box 5070  
Saginaw, MI 48607  
989-395-6853

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

**I. IDENTIFYING INFORMATION**

|                                    |   |
|------------------------------------|---|
| <b>License #:</b>                  | AS060275479                             |
| <b>Licensee Name:</b>              | Valley Residential Serv Inc.            |
| <b>Licensee Address:</b>           | 300 S Saginaw<br>St. Charles, MI 48655  |
| <b>Licensee Telephone #:</b>       | (231) 580-5204                          |
| <b>Licensee/Licensee Designee:</b> | Stephanie Riley                         |
| <b>Administrator:</b>              | Rachel Harmony                          |
| <b>Name of Facility:</b>           | Elm Home                                |
| <b>Facility Address:</b>           | 141 Almont Street<br>Standish, MI 48658 |
| <b>Facility Telephone #:</b>       | (989) 846-9700                          |
| <b>Original Issuance Date:</b>     | 07/25/2005                              |
| <b>Capacity:</b>                   | 6                                       |
| <b>Program Type:</b>               | DEVELOPMENTALLY DISABLED                |

## II. METHODS OF INSPECTION

Date of On-site Inspection(s): 01/31/2024

Date of Bureau of Fire Services Inspection if applicable: N/A

Date of Environmental/Health Inspection if applicable: N/A

No. of staff interviewed and/or observed 4

No. of residents interviewed and/or observed 6

No. of others interviewed Role:

- 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.  
There were no incident reports requiring follow-up.
- Corrective action plan compliance verified? Yes ☒ CAP date/s and rule/s:  
12/12/23 R302(2), R305(3); 3/24/23 R305(3); 03/17/22 R313(4), R511(2) N/A ☐
- Number of excluded employees followed-up? 1 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:  |   |
| <b>R 400.14315</b>   | <b>Handling of resident funds and valuables.</b>  |
|  | <b>(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.</b>   |
| At the time of inspection, there was no Resident Funds Record Part 1 form on file for Resident A.                              |   |
| <b>R 400.14401</b>   | <b>Environmental health.</b>  |
|  | <b>(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.</b>  |
| At the time of inspection, the temperature reading in the bathroom and at the kitchen sink read above 120 degrees Fahrenheit.  |   |
| <b>R 400.14511</b>   | <b>Flame-producing equipment; enclosures.</b>   |
|  | <b>(2) Heating plants and other flame-producing equipment located on the same level as the residents shall be enclosed in a room that is constructed of material which has a 1-hour-fire-resistance rating, and the door shall be made of 1 3/4-inch solid core wood. The door shall be hung in a fully stopped wood or steel frame and shall be equipped with an automatic self-closing device and positive-latching hardware.</b> |
| At the time of inspection, the fire door to the furnace room located in the garage did not automatically self-close and latch. |   |
| <b>REPEAT VIOLATION ESTABLISHED, LSR DATE 03/09/2022, CAP DATE: 03/17/2022</b>   |   |

#### IV. RECOMMENDATION

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



02/05/2024

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Licensing Consultant

Date