



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
ACTING DIRECTOR

February 1, 2024

Lisa Hanson
AIM TO PLEASE HOME CARE INC
2077 Mill Road
Flint, MI 48532

RE: License #: AS250404207
Investigation #: 2024A0569015
Mill Road Home

Dear Lisa Hanson:

Attached is the Special Investigation Report for the above referenced facility. Due to the violations identified in the report, a written corrective action plan is required. 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 time frames 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 responsible party and a date.

If you desire technical assistance in addressing these issues, please feel free to contact me. In any event, the corrective action plan is due within 15 days. Failure to submit an acceptable corrective action plan will result in disciplinary action.

Please review the enclosed documentation for accuracy and contact me with any questions. In the event that I am not available, and you need to speak to someone immediately, please contact the local office at (517) 643-7960.

Sincerely,

A handwritten signature in black ink that reads "Kent W. Gieselman". The signature is written in a cursive style with a long horizontal flourish at the end.

Kent W Gieselman, Licensing Consultant
Bureau of Community and Health Systems
611 W. Ottawa Street
P.O. Box 30664
Lansing, MI 48909
(810) 931-1092

enclosure

**MICHIGAN DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
BUREAU OF COMMUNITY AND HEALTH SYSTEMS
SPECIAL INVESTIGATION REPORT**

I. IDENTIFYING INFORMATION

License #:	AS250404207
Investigation #:	2024A0569015
Complaint Receipt Date:	01/09/2024
Investigation Initiation Date:	01/10/2024
Report Due Date:	03/09/2024
Licensee Name:	AIM TO PLEASE HOME CARE INC
Licensee Address:	2077 Mill Road Flint, MI 48532
Licensee Telephone #:	(810) 339-6841
Administrator:	Lisa Hanson
Licensee Designee:	Lisa Hanson
Name of Facility:	Mill Road Home
Facility Address:	2077 Mill Road Flint, MI 48532
Facility Telephone #:	(810) 339-6841
Original Issuance Date:	04/07/2021
License Status:	REGULAR
Effective Date:	10/07/2023
Expiration Date:	10/06/2025
Capacity:	6
Program Type:	PHYSICALLY HANDICAPPED DEVELOPMENTALLY DISABLED MENTALLY ILL

II. ALLEGATION(S)

	Violation Established?
<ul style="list-style-type: none"> • There are no menus being used. 	Yes
<ul style="list-style-type: none"> • There was dog feces observed in the basement. 	No

III. METHODOLOGY

01/09/2024	Special Investigation Intake 2024A0569015
01/10/2024	APS Referral referral made to APS.
01/10/2024	Special Investigation Initiated - Letter Email to Michelle Salem, RRO.
02/01/2024	Inspection Completed On-site
02/01/2024	Inspection Completed-BCAL Sub. Compliance
02/01/2024	Exit Conference Exit conference with Lisa Hanson, licensee designee.
02/01/2024	Corrective Action Plan Requested and Due on 02/01/2024

ALLEGATION:

There are no menus being used.

INVESTIGATION:

This complaint was received via the on-line complaint portal. The complainant reported that they were at the facility on 1/1/24. The complainant reported that there were no posted menus, and no menus were being followed. The complainant did not have any additional, specific information regarding this allegation.

An unannounced inspection of this facility was conducted on 2/1/24. The kitchen of this facility was inspected. There were no posted menus observed in the kitchen or any other area of the facility. The food storage areas of this facility were observed. There were ample amounts of perishable and non-perishable food items observed to adequately feed the six (6) residents currently residing in this facility.

Lisa Hanson, licensee designee, stated on 2/1/24 that she typically posts the menus on the refrigerator in the kitchen area. Lisa Hanson stated that she has been unable to post menus in the past week due to personal circumstances. Lisa Hanson stated that she will be posting menus immediately following the inspection on 2/1/24.

APPLICABLE RULE	
R 400.14313	Resident nutrition.
	(4) Menus of regular diets shall be written at least 1 week in advance and posted. Any change or substitution shall be noted and considered as part of the original menu.
ANALYSIS:	No posted menus were observed during the inspection on 2/1/24. Based on the observations made during the inspection on 2/1/24, it is determined that there has been a violation of this rule.
CONCLUSION:	VIOLATION ESTABLISHED

ALLEGATION:

There was dog feces observed in the basement.

INVESTIGATION:

The complainant reported that they observed dog feces in the basement of this facility on 1/1/24. The complainant did not report any additional information regarding this allegation.

The basement, bedrooms, and all living areas of this facility were inspected on 2/1/24. There was no dog feces observed in any area or room of this facility when inspected on 2/1/24. There was no dog feces observed on the ground outside of this facility when inspected on 2/1/24.

Lisa Hanson stated on 2/1/24 that there has been no dog feces on the floor of any room this facility. Lisa Hanson stated that no one goes to the basement of this facility except to change a furnace filter. Lisa Hanson stated that the basement of this facility is not used by anyone.

APPLICABLE RULE	
R 400.14403	Maintenance of premises.
	(2) Home furnishings and housekeeping standards shall present a comfortable, clean, and orderly appearance.
ANALYSIS:	No dog feces was observed in the basement, living areas, or bedrooms of this facility on 2/1/24. There was no dog feces observed on the ground outside of this facility on 2/1/24. Lisa Hanson denied that there has ever been any dog feces on the floor of the basement or any other room in this facility. Based on the observations made, it is determined that there is insufficient evidence to substantiate this allegation.
CONCLUSION:	VIOLATION NOT ESTABLISHED

An exit conference was conducted with Lisa Hanson, licensee designee, on 2/1/24. The findings in this report were reviewed and a corrective action plan was requested.

IV. RECOMMENDATION

I recommend that the status of this license remain unchanged with the receipt of an acceptable corrective action plan.



02/01/2024

Kent W Gieselman
Licensing Consultant

Date

Approved By:



2/01/2024

Mary E. Holton
Area Manager

Date