



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

MARLON I. BROWN, DPA  
ACTING DIRECTOR

February 9, 2024

Merelise Huntley  
PO Box 19  
North Branch, MI 48461

|                |  |
|----------------|--|
| RE: License #: | AF440003589<br><b>Huntley Residence</b><br><b>P O Box 19</b><br><b>4130 Pleasant Street</b><br><b>North Branch, MI 48461</b> |
|----------------|--|

Dear Merelise Huntley:

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 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 black ink that reads "Susan Hutchinson". The signature is written in a cursive style with a large initial 'S'.

Susan Hutchinson, Licensing Consultant  
Bureau of Community and Health Systems  
611 W. Ottawa Street  
P.O. Box 30664  
Lansing, MI 48909  
(989) 293-5222

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

**I. IDENTIFYING INFORMATION**

|                                    |  |
|------------------------------------|--|
| <b>License #:</b>                  | AF440003589  |
| <b>Licensee Name:</b>              | Merelise Huntley   |
| <b>Licensee Address:</b>           | PO Box 19<br>4130 Pleasant St<br>North Branch, MI 48461                                  |
| <b>Licensee Telephone #:</b>       | (810) 688-2526   |
| <b>Licensee/Licensee Designee:</b> | N/A  |
| <b>Administrator:</b>              | N/A  |
| <b>Name of Facility:</b>           | Huntley Residence  |
| <b>Facility Address:</b>           | P O Box 19<br>4130 Pleasant Street<br>North Branch, MI 48461                             |
| <b>Facility Telephone #:</b>       | (810) 688-2526   |
| <b>Original Issuance Date:</b>     | 06/23/1987   |
| <b>Capacity:</b>                   | 6  |
| <b>Program Type:</b>               | PHYSICALLY HANDICAPPED<br>DEVELOPMENTALLY DISABLED<br>MENTALLY ILL<br>AGED<br>ALZHEIMERS |
|                                    |  |
|                                    |  |

## II. METHODS OF INSPECTION

Date of On-site Inspection(s): 02/08/2024

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

Date of Health Authority Inspection if applicable: N/A

No. of staff interviewed and/or observed 3

No. of residents interviewed and/or observed 3

No. of others interviewed 0 Role: N/A

- 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.  
My inspection did not take place during a mealtime.
- 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:  |   |
| <b>R 400.1426</b>  | <b>Maintenance of premises.</b>   |
|  | <b>(1) The premises shall be maintained in a clean and safe condition.</b>  |
| At the time of my inspection, the hot water at the kitchen faucet was 125 degrees Fahrenheit. Hot water must be maintained at a safe temperature between 105- and 120-degrees Fahrenheit.    |   |
| <b>R 400.1426</b>  | <b>Maintenance of premises.</b>   |
|  | <b>(3) A roof, exterior walls, doors, skylights, and windows shall be weathertight and watertight and shall be kept in sound condition and good repair.</b>   |
| At the time of my inspection, I noted that there was standing water in the basement, near the hot water heater and furnace. The basement needs to be watertight and kept in sound condition. |   |
| <b>R 400.1438</b>  | <b>Emergency preparedness; evacuation plan; emergency transportation.</b>   |
|  | <b>(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.</b> |
| At the time of my inspection, I noted that the licensee only completed one sleeping fire drill during 2022 and 2023. At least two sleeping fire drills shall be conducted each year.         |   |

### IV. RECOMMENDATION

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

*Susan Hutchinson*

February 9, 2024

|  |      |
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| Susan Hutchinson<br>Licensing Consultant | Date |
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