



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
DIRECTOR

March 6, 2024

Melissa Doss
CMHB Of CEI Counties
Suite 115
812 E Jolly Road
Lansing, MI 48910

RE: License #: AL330015396
M.A.C. House
634 M.A.C.
East Lansing, MI 48823

Dear Melissa Doss:

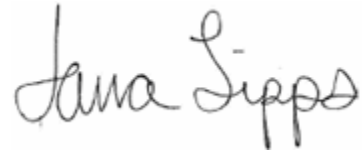
Attached is the Renewal Licensing Study Report for the facility referenced above. The violations cited in the report require the submission of a written corrective action plan. The corrective action plan is due 15 days from the date of this letter and must include the following:

- 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) 284-9730.

Sincerely,

A handwritten signature in black ink that reads "Jana Lipps". The signature is written in a cursive, flowing style.

Jana Lipps, Licensing Consultant
Bureau of Community and Health Systems
611 W. Ottawa Street
P.O. Box 30664
Lansing, MI 48909

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

I. IDENTIFYING INFORMATION

License #: AL330015396

Licensee Name: CMHB Of CEI Counties

Licensee Address: Suite 115
812 E Jolly Road
Lansing, MI 48910

Licensee Telephone #: (517) 346-8200

Licensee/Licensee Designee: Melissa Doss, Designee

Administrator: Melissa Doss

Name of Facility: M.A.C. House

Facility Address: 634 M.A.C.
East Lansing, MI 48823

Facility Telephone #: (517) 337-9340

Original Issuance Date: 05/23/1994

Capacity: 16

Program Type: MENTALLY ILL
AGED

II. METHODS OF INSPECTION

Date of On-site Inspection(s): 03/06/2024

Date of Bureau of Fire Services Inspection if applicable: 8/9/23

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

No. of staff interviewed and/or observed 5
No. of residents interviewed and/or observed 10
No. of others interviewed 2 Role: LD & Home Manager

- 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.
The inspection occurred between meal times.
- 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
Licensee designee currently holds a variance for Rule 315(3) regarding resident funds. An electronic format was reviewed today providing documentation of resident room and board transactions.

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

This facility was found to be in non-compliance with the following rules:

R 400.15403 Maintenance of premises.

(1) A home shall be constructed, arranged, and maintained to provide adequately for the health, safety, and well-being of occupants.

At the time of the on-site inspection, I observed Resident A's bedroom to contain multiple apparatuses used to smoke tobacco. Resident A had an ashtray in his windowsill, which was full of ashes, with ashes laying around it and on the flooring. It was reported that Resident A does smoke in his bedroom despite efforts to stop this behavior. Having a resident smoke within the building, with an open flame, is a fire safety issue and does not provide for the health, safety, and well-being of the occupants.

R 400.15403 Maintenance of premises.

(2) Home furnishings and housekeeping standards shall present a comfortable, clean, and orderly appearance.

At the time of the on-site inspection one of the resident shower stalls was found to have a black substance on the walls and in the corners, which resembled mildew or mold. These walls need to be attended to.

At the time of the on-site inspection, Resident B's bedroom was found to be extremely soiled on all walls, the flooring, and the bedding. There was splattered debris on all walls which was unidentifiable to this consultant. Direct care staff need to assist this resident in keeping this bedroom in a more sanitary condition.

IV. RECOMMENDATION

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

Jana Lipps

3/6/24

Jana Lipps
Licensing Consultant

Date