



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
ACTING DIRECTOR

January 5, 2024

Mike Dykstra
Golden Life AFC, LLC
4386 14 Mile Rd, NE
Rockford, MI 49341

RE: License #: AL590398548
Golden Life AFC #3
8675 S. Grow Road
Greenville, MI 48838

Dear Mr. Dykstra:

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) 284-9730.

Sincerely,

A handwritten signature in dark ink, appearing to read 'Amanda Blasius', written in a cursive style.

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

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

I. IDENTIFYING INFORMATION

License #:	AL590398548
Licensee Name:	Golden Life AFC, LLC
Licensee Address:	4386 14 Mile Rd, NE Rockford, MI 49341
Licensee Telephone #:	(616) 307-7719
Licensee Designee	Mike Dykstra
Administrator:	Megan Lilly
Name of Facility:	Golden Life AFC #3
Facility Address:	8675 S. Grow Road Greenville, MI 48838
Facility Telephone #:	(616) 225-2649
Original Issuance Date:	07/22/2019
Capacity:	20
Program Type:	DEVELOPMENTALLY DISABLED MENTALLY ILL AGED
Certified Programs:	DEVELOPMENTALLY DISABLED MENTALLY ILL

II. METHODS OF INSPECTION

Date of On-site Inspection(s): 01/03/2024

Date of Bureau of Fire Services Inspection if applicable: 05/11/2023

Date of Health Authority Inspection if applicable: Pending

No. of staff interviewed and/or observed 3

No. of residents interviewed and/or observed 5

No. of others interviewed 1 Role: Director of operations

- 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:
11/03/2023 AL304(1)(k) and AL304(2)
- 05/03/2023 AL305(1)
- 05/24/2022 AL312(2) and AL315(6)
- 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 400.15205 Health of a licensee, direct care staff, administrator, other employees, those volunteers under the direction of the licensee, and members of the household.

(3) A licensee shall maintain, in the home, and make available for department review, a statement that is signed by a licensed physician or his or her designee attesting to the physician's knowledge of the physical health of direct care staff, other employees, and members of the household. The statement shall be obtained within 30 days of an individual's employment, assumption of duties, or occupancy in the home.

At the time of inspection, four staff files were reviewed and two out of the four files were missing medical statements that were obtained within 30 days of an individual's employment and assumption of duties. DCW Tori Smith and DCW Emilye Smith did not have medical statements completed within 30 days of their hire dates.

R 400.15205 Health of a licensee, direct care staff, administrator, other employees, those volunteers under the direction of the licensee, and members of the household.

(5) A licensee shall obtain written evidence, which shall be available for department review, that each direct care staff, other employees and members of the household have been tested for communicable tuberculosis and that if the disease is present, appropriate precautions shall be taken as required by state law. Current testing shall be obtained before an individual's employment, assumption of duties, or occupancy in the home. The results of subsequent testing shall be verified every 3 years thereafter or more frequently if necessary.

At the time of inspection, DCW Ugeania Powers had a tuberculosis test dated November 2019. A current TB test was not available during the time of inspection.

R 400.15310 Resident health care.

(3) A licensee shall record the weight of a resident upon admission and monthly thereafter. Weight records shall be kept on file for 2 years.

At the time of inspection, six resident files were reviewed. Out of the six resident files, three residents were missing weight records. Resident A was missing weight documentation from July and September of 2023. Resident B was missing weight documentation from December 2023 and Resident C was missing weight documentation from December 2023.

R 400.15315 Handling of resident funds and valuables.

(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.

At the time of inspection, Resident D's Resident Funds Record Part I was not completed or available for review.

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 inspection, resident bedroom number 7 in the lower level had a strong urine smell coming from the room. The odor was present from outside of the bedroom in the hallway and once the bedroom door was opened. Due to the strong urine odor present inside resident bedroom number 7, this bedroom is not being maintained to provide for the health, safety and well-being of the two occupants.

R 400.15403 Maintenance of premises.

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

At the time of inspection, a handrail was not installed for the shower located in bathroom one on the lower level.

IV. RECOMMENDATION

Contingent upon receipt of an acceptable corrective action plan and an approved environmental health inspection report from the Mid-Michigan District Health Department, renewal of the license is recommended.

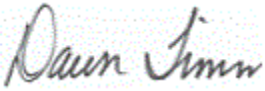


01/08/2024

Date

Licensing Consultant

Approved:



01/17/2024

Date

Area Manager
Dawn Timm