

GRETCHEN WHITMER GOVERNOR STATE OF MICHIGAN DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS LANSING

MARLON I. BROWN, DPA DIRECTOR

March 12, 2024

Wendy Davidson Carter Country Homes Inc. 1536 Essay Lane Holly, MI 48442

> RE: License #: AS630251801 Carters Blessings 1200 Essay Lane Holly, MI 48442

Dear Ms. Davidson:

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 (248) 975-5053.

Sincerely,

DaShawnda Lindsey, Licensing Consultant Bureau of Community and Health Systems Cadillac Place, Ste. 9-100 Detroit, MI 48202 (248) 505-8036

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

## I. IDENTIFYING INFORMATION

License #:	AS630251801
Licensee Name:	Carter Country Homes Inc.
Licensee Address:	1536 Essay Lane Holly, MI 48442
Licensee Telephone #:	(248) 887-3176
Licensee/Licensee Designee:	Wendy Davidson
Administrator:	Wendy Davidson
Name of Facility:	Carters Blessings
Facility Address:	1200 Essay Lane Holly, MI 48442
Facility Telephone #:	(248) 717-3939
Original Issuance Date:	04/07/2004
Capacity:	6
Program Type:	PHYSICALLY HANDICAPPED DEVELOPMENTALLY DISABLED AGED

# **II. METHODS OF INSPECTION**

Date of Or	n-site Inspection(s):	03/08/2024
Date of Bu	reau of Fire Services Inspection if applicable:	N/A
Date of He	ealth Authority Inspection if applicable:	11/08/2023
No. of resi	f interviewed and/or observed dents interviewed and/or observed ers interviewed N/A Role: N/A	2 2
• Medic	ation pass / simulated pass observed? Yes 🛛	🛛 No 🗌 If no, explain.
• Medic	cation(s) and medication record(s) reviewed?	Yes 🛛 No 🗌 If no, explain.
<ul> <li>Resident funds and associated documents reviewed for at least one resident? Yes No I If no, explain.</li> <li>Meal preparation / service observed? Yes No X If no, explain. The inspection did not occur during a meal time.</li> <li>Fire drills reviewed? Yes No I If no, explain.</li> </ul>		
• Fire safety equipment and practices observed? Yes $\boxtimes$ No $\square$ If no, explain.		
<ul> <li>E-scores reviewed? (Special Certification Only) Yes No N/A If no, explain.</li> <li>Water temperatures checked? Yes No If no, explain.</li> </ul>		
<ul> <li>Incident report follow-up? Yes □ No ⊠ If no, explain. There were no incident reports that required a follow-up.</li> <li>Corrective action plan compliance verified? Yes ⊠ CAP date/s and rule/s: Renewal 2022- as318(5), as403(8), as408(4), and as503(1) N/A □</li> <li>Number of excluded employees followed-up? N/A ⊠</li> </ul>		
• Variar	nces? 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 400.14204	Direct care staff; qualifications and training.	
	<ul> <li>(3) A licensee or administrator shall provide in-service training or make training available through other sources to direct care staff. Direct care staff shall be competent before performing assigned tasks, which shall include being competent in all of the following areas:         <ul> <li>(b) First aid.</li> </ul> </li> </ul>	
There was no ver certification.	ification household member/staff Mike Crunk has current First Aid	
R 400.14316	Resident records.	
	<ul> <li>(1) A licensee shall complete, and maintain in the home, a separate record for each resident and shall provide record information as required by the department. A resident record shall include, at a minimum, all of the following information:         <ul> <li>(a) Identifying information, including, at a minimum, all of the following:                  <ul></ul></li></ul></li></ul>	
There were no bu	irial provisions listed for Resident A.	
R 400.14403	Maintenance of premises.	
	(5) Floors, walls, and ceilings shall be finished so as to be easily cleanable and shall be kept clean and in good repair.	
The kitchen walls	need to be painted.	

## **IV. RECOMMENDATION**

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

03/12/2024

DaShawnda Lindsey Licensing Consultant Date