



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
DIRECTOR

March 26, 2024

Aster Mekonnen
Noah's AFC Home, Inc.
2299 N. Vernon
Holt, MI 48842

RE: License #: AS330291616
Noah's AFC Home, Inc.
2297 North Vernon
Holt, MI 48842

Dear Aster Mekonnen:

Attached is the Renewal Licensing Study Report for the facility referenced above. You have submitted an acceptable written corrective action plan addressing the violations cited in the report. To verify your implementation and compliance with this corrective action plan: You are to submit documentation of compliance by June 3, 2024.

The study has determined substantial compliance with applicable licensing statutes and administrative rules. Therefore, your license is renewed. It is valid only at your present address and is nontransferable.

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 "Mahtina Rubritius".

Mahtina Rubritius, Licensing Consultant
Bureau of Community and Health Systems
611 W. Ottawa
P.O. Box 30664
Lansing, MI 48909
(517) 262-8604

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

I. IDENTIFYING INFORMATION

License#: AS330291616

Licensee Name: Noah's AFC Home, Inc.

Licensee Address: 2299 N Vernon
Holt, MI 48842

Licensee Telephone #: (517) 410-6127

Licensee/Licensee Designee: Aster Mekonnen

Administrator: Aster Mekonnen

Name of Facility: Noah's AFC Home, Inc.

Facility Address: 2297 North Vernon
Holt, MI 48842

Facility Telephone #: (517) 694-2351

Original Issuance Date: 08/22/2008

Capacity: 6

Program Type: DEVELOPMENTALLY DISABLED
MENTALLY ILL
AGED

II. METHODS OF INSPECTION

Date of On-site Inspection(s): 03/26/2024

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 2

No. of residents interviewed and/or observed 6

No. of others interviewed 0 Role: [REDACTED]

- 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.
Incident Reports are no longer required to be submitted to LARA.
- Corrective action plan compliance verified? Yes CAP date/s and rule/s:
R 330.1803 (1)(5), R 400.14205 (5)(6), R 400.14312 (1)(2)(4), R 400.14315 (3),
R 400.14511 (1) and R 400.14403 (1) 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 330.1803 Facility environment; fire safety.

(1) A facility that has a capacity of 4 to 6 clients shall be equipped with an interconnected multistation smoke detection system which is powered by the household electrical service and which, when activated, initiates an alarm that is audible in all areas of the home. The smoke detection system shall be installed on all levels, including basements, common activity areas, and outside each sleeping area, but excluding crawl spaces and unfinished attics, so as to provide full coverage of the home. The system shall include a battery backup to assure that the system is operable if there is an electrical power failure and accommodate the sensory impairments of clients living in the facility, if needed. A fire safety system shall be installed in accordance with the manufacturer's instructions by a licensed electrical contractor and inspected annually. A record of the inspections shall be maintained at the facility.

The interconnected smoke detection system was not inspected annually by a licensed electrical contractor, as required. The system was last reviewed in March of 2022.

This is a REPEAT VIOLATION: Please See LSR, dated March 8, 2022.

R 400.14208 Direct care staff and employee records.

(3) A licensee shall maintain a daily schedule of advance work assignments, which shall be kept for 90 days. The schedule shall include all of the following information:

- (a) Names of all staff on duty and those volunteers who are under the direction of the licensee.**
- (b) Job titles.**
- (c) Hours or shifts worked.**
- (d) Date of schedule.**
- (e) Any scheduling changes.**

- The March 2024 staff schedule reviewed did not include the job titles, shifts, date of the schedule, or any changes to the schedule.
- The licensee did not maintain a record of the previous schedules.

R 400.14301 Resident admission criteria; resident assessment plan; emergency admission; resident care agreement; physician's instructions; health care appraisal.

(4) At the time of admission, and at least annually, a written assessment plan shall be completed with the resident or the resident's designated representative, the responsible agency, if applicable, and the licensee. A licensee shall maintain a copy of the resident's written assessment plan on file in the home.

The *AFC Assessment Plan* was outdated for Resident A, as it was last reviewed on January 7, 2022. These forms must be reviewed annually or more often if necessary.

R 400.14301 Resident admission criteria; resident assessment plan; emergency admission; resident care agreement; physician's instructions; health care appraisal.

(9) A licensee shall review the written resident care agreement with the resident or the resident's designated representative and responsible agency, if applicable, at least annually or more often if necessary.

The *Resident Care Agreement* was outdated for Resident A, as it was last reviewed on January 7, 2022. These forms must be reviewed annually or more often if necessary.

R 400.14315 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.

- The *Resident Funds Part I* form was not completed and on file for Resident A.
- The *Resident Funds Part II* form, documenting AFC Payments and cash, were not completed and on file for Resident A and Resident B.

This is a REPEAT VIOLATION: Please See LSR, dated March 8, 2022.

R 400.14318 Emergency preparedness; evacuation plan; emergency transportation.

(5) A licensee shall practice emergency and evacuation procedures during daytime, evening, and sleeping hours at least once per quarter. A record of the practices shall be maintained and be available for department review.

While the licensee conducted three fire drills during the 3rd quarter of 2023, there were no fire drills conducted during the sleeping hours.

R 400.14403 Maintenance of premises.

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

- There were televisions and other household items stored in each of the bathrooms, which must be removed.
- The vanity in one bathroom had been replaced and the walls and flooring were under construction. The bathroom remodel required completion.
- An unoccupied bedroom was being utilized for storage. This room required reorganization and decluttering.

R 400.14503 Interior finishes and materials generally.

(1) Interior finish materials shall be at least class C materials throughout the adult foster care small group home.

The wall above the fireplace, which is not utilized, was equipped with paneling. The licensee shall provide the classification for this interior finish or remove it and replace with approved interior finish materials.

A corrective action plan was requested and approved on 03/26/2024. It is expected that the corrective action plan be implemented within the specified time frames as

outlined in the approved plan. A follow-up evaluation may be made to verify compliance. Should the corrections not be implemented in the specified time, it may be necessary to reevaluate the status of your license.

IV. RECOMMENDATION

An acceptable corrective action plan has been received. Renewal of the license and the special certification is recommended.

Makenna Rubritius

3/26/2024

Date

Licensing Consultant