



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
ACTING DIRECTOR

February 23, 2024

Kay Thren and Jamie Thren
5806 W Weidman Rd
Weidman, MI 48893

RE: License #: AF370339361
Thren AFC
5806 W Weidman Rd
Weidman, MI 48893

Dear Kay Thren and Jamie Thren:

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 3/23/2024.
 - MWBC letter, physical, and CMH trainings for T. Wright
 - Corrected MAR for Resident A showing the corrected dosage.
 - Picture of the light cover replaced in the bedroom.

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 'Jennifer Browning'.

Jennifer Browning, Licensing Consultant
Bureau of Community and Health Systems
Browningj1@michigan.gov - (989) 444-9614

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

I. IDENTIFYING INFORMATION

License #:	AF370339361
Licensee Name:	Kay Thren and Jamie Thren
Licensee Address:	5806 W Weidman Rd Weidman, MI 48893
Licensee Telephone #:	(989) 644-2761
Name of Facility:	Thren AFC
Facility Address:	5806 W Weidman Rd Weidman, MI 48893
Facility Telephone #:	(989) 506-6895
Original Issuance Date:	09/09/2013
Capacity:	4
Program Type:	DEVELOPMENTALLY DISABLED MENTALLY ILL
Certified Programs:	DEVELOPMENTALLY DISABLED MENTALLY ILL

II. METHODS OF INSPECTION

Date of On-site Inspection(s): 02/23/2024

Date of Bureau of Fire Services Inspection if applicable: Not applicable

Date of Health Authority Inspection if applicable: 11/28/2023

No. of staff interviewed and/or observed 1

No. of residents interviewed and/or observed 0

No. of others interviewed [redacted] 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.
The inspection was not done during meal times. The food at the facility appeared safe and free from spoilage and contamination, the food service equipment was in good repair, and the facility appeared equipped to prepare and serve adequate meals.
- 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:

R 330.1806

Staffing levels and qualifications.

(2) All staff who work independently and staff who function as lead workers with clients shall have successfully completed a course of training which imparts basic concepts required in providing specialized dependent care and which measures staff comprehension and competencies to deliver each client's individual plan of service as written. Basic training shall address all the following areas:

(a) An introduction to community residential services and the role of direct care staff.

(b) An introduction to the special needs of clients who have developmental disabilities or have been diagnosed as having a mental illness. Training shall be specific to the needs of clients to be served by the home.

(c) Basic interventions for maintaining and caring for a client's health, for example, personal hygiene, infection control, food preparation, nutrition and special diets, and recognizing signs of illness.

(d) Proper precautions and procedures for administering prescriptive and nonprescriptive medications.

(e) Preventing, preparing for, and responding to, environmental emergencies, for example, power failures, fires, and tornados.

(f) Protecting and respecting the rights of clients, including providing client orientation with respect to the written policies and procedures of the licensed facility.

(g) Nonaversive techniques for the prevention and treatment of challenging behavior of clients.

Direct care staff member T. Wright did not have any of the above trainings documented in her employee record. Ms. Wright did complete CPR and First Aid training.

R 400.1404

Licensee, responsible person, and member of the household; qualifications.

(3) A licensee or responsible person shall possess all of the following qualifications:

(a) Be of good moral character to provide for the care and welfare of the residents.

Direct care staff member Ms. Wright's employee record did not include a letter from Michigan Workforce Background Check showing her eligibility to work in an AFC.

R 400.1405 Health of a licensee, responsible person, and member of the household.

- (1) A licensee, responsible person, and a member of the household shall be in such physical and mental health so as not to negatively affect either the health of the resident or the quality of his or her care.

Direct care staff member Ms. Wright's employee record did not include a medical clearance showing she is in physical health to care for the residents at Thren AFC.

R 400.1418 Resident medications.

- (2) Medication shall be given pursuant to label instructions.

Resident A's Strattera medication indicated she was to receive 80 MG on the blister pack and on the Health Care Appraisal however, the MAR indicated she was to receive 60 MG.

R 400.2246 Electrical service.

Electrical service shall be maintained in a safe condition. Where conditions indicate a need for inspection, and on all new or remodeled projects, the electrical service shall be inspected by a qualified inspection service and a copy of the inspection report shall be submitted to the department.

One of the resident bedrooms did not have a cover on the light switch.

A corrective action plan was requested and approved on 02/23/2024. 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 and special certification.

IV. RECOMMENDATION

An acceptable corrective action plan has been received. Renewal of the license and special certification for this AFC family home (capacity: 4) is recommended.

Jennifer Browning

Jennifer Browning
Licensing Consultant

02/23/2024

Date