

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

MARLON I. BROWN, DPA DIRECTOR

April 18, 2024

Jacqueline Moore D Moore AFC Home Company PO Box 480462 New Haven, MI 48048

> RE: License #: AL500067919 Moore AFC Home PO BOX 480462 58730 Haven Ridge New Haven, MI 48048

Dear Ms. Moore:

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,

Kristine Cillufo

Kristine Cilluffo, Licensing Consultant Bureau of Community and Health Systems Cadillac Place 3026 West Grand Blvd Ste 9-100 Detroit, MI 48202 (248) 285-1703

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

I. IDENTIFYING INFORMATION

| License #: | AL500067919 |
|-----------------------------|--------------------------|
| | |
| Licensee Name: | D Moore AFC Home Company |
| | |
| Licensee Address: | 58730 Haven Ridge |
| | New Haven, MI 48048 |
| | |
| Licensee Telephone #: | (586) 557-8180 |
| | |
| Licensee/Licensee Designee: | Jacqueline Moore |
| Administrator: | Jacqueline Moore |
| | |
| Name of Facility: | Moore AFC Home |
| | |
| Facility Address: | PO BOX 480462 |
| | 58730 Haven Ridge |
| | New Haven, MI 48048 |
| | |
| Facility Telephone #: | (586) 749-8574 |
| Original Issuance Date: | 10/19/1995 |
| | |
| Capacity: | 20 |
| | |
| Program Type: | DEVELOPMENTALLY DISABLED |
| | MENTALLY ILL |

II. METHODS OF INSPECTION

| Dat | e of On-site Inspection(s): | 04/16/2 | 2024 |
|-----|--|--------------------|------------------------|
| Dat | e of Bureau of Fire Services Inspection if appl | licable: | 04/10/2024 |
| Dat | e of Health Authority Inspection if applicable: | | N/A |
| No. | of staff interviewed and/or observed of residents interviewed and/or observed of others interviewed 1 Role: Licensee | e Desigi | 2 14 nee |
| • | Medication pass / simulated pass observed? Reviewed medication with licensee. Medication(s) and medication record(s) revie | | |
| • | Resident funds and associated documents re Yes No I If no, explain. Meal preparation / service observed? Yes I Inspection did not occur during a meal preparation Fire drills reviewed? Yes No I If no, ex |] No ⊵ aration. | |
| • | Fire safety equipment and practices observe | d? Yes | 🛛 No 🗌 If no, explain. |
| • | E-scores reviewed? (Special Certification Or If no, explain. Water temperatures checked? Yes 🛛 No [| 5, | |
| • | Incident report follow-up? Yes $igsqceed$ No $igsqceed$ If | no, expl | lain. |
| • | Corrective action plan compliance verified? 04/13/2022- AL205(3), AL208(1)(f), AL401(2 Number of excluded employees followed-up? | 2), AL40 | |
| • | 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:

| MCL 400.713 | License required; application; forms; investigation; on-site evaluation; issuance or renewal of license; disclosures; maximum number of persons; stating type of specialized program; issuance of license to specific person at specific location; transferability of license; sale of facility; notice; items of noncompliance; refusal by department to issue or renew license; conditions; unlicensed facility; violation as misdemeanor; penalty; receipt of completed application; issuance of license within certain time period; inspections; report; criminal history and records check; storage of fingerprints in automated fingerprint identification system database; convictions; "completed application" defined. |
|------------------|--|
| The home did not | (3) Before issuing or renewing a license, the department shall investigate the activities and standards of care of the applicant and shall make an on-site evaluation of the facility. On-site inspections conducted in response to the application may be conducted without prior notice to the applicant. On-site inspections conducted for renewing a license may be conducted within 12 months before the expiration date of the current license without impact on the license renewal date or the license fee. Subject to subsections (9), (10), and(11), the department shall issue or renew a license if satisfied as to all of the following: (e) The good moral character of the licensee or licensee designee, owner, partner, director, and person responsible for the daily operation of the facility. The applicant is responsible for assessing the good moral character of the employees of the facility. The person responsible for the daily operation of the facility shall be not less than 18 years of age. |
| R 400.15203 | Licensee and administrator training requirements. |
| | (1) A licensee and an administrator shall complete the following |

| | educational requirements specified in subdivision (a) or (b) of this subrule, or a combination thereof, on an annual basis: |
|-------------------|---|
| | (a) Participate in, and successfully complete, 16 hours of training designated or approved by the department that is relevant to the licensee's admission policy and program statement. |
| | (b) Have completed 6 credit hours at an accredited college or university in an area that is relevant to the licensee's admission policy and program statement as approved by the department. |
| Licensee Designee | lacqueline Moore, did not have verification of training hours for |

Licensee Designee, Jacqueline Moore, did not have verification of training hours for 2023.

| R 400.15204 | Direct care staff; qualifications and training. |
|-------------|--|
| | (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: (g) Prevention and containment of communicable diseases. |
| | n, did not have verification of training in the prevention and nmunicable diseases in employee file. |
| 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. |

Staff, Bretha Marion, did not have a completed medical statement in employee file.

| REPEAT VIOLATION ESTABLISHED Reference LSR dated 04/13/2022, CAP | |
|---|--|
| dated 04/13/2022 | |

| R 400.15301 | Resident admission criteria; resident assessment plan; emergency admission; resident care agreement; physician's instructions; health care appraisal. |
|-------------------|---|
| Resident A did no | (10) At the time of the resident's admission to the home, a licensee shall require that the resident or the resident's designated representative provide a written health care appraisal that is completed within the 90-day period before the resident's admission to the home. A written health care appraisal shall be completed at least annually. If a written health care appraisal is not available at the time of an emergency admission, a licensee shall require that the appraisal be obtained not later than 30 days after admission. A department health care appraisal form shall be used unless prior authorization for a substitute form has been granted, in writing, by the department. |
| R 400.15310 | Resident health care. |

| 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. |
| Resident A's weight record was missing weights for December 2023, January 2024, February 2024, and March 2024. | |

| R 400.15401 | Environmental health. |
|-------------|--|
| | (2) Hot and cold running water that is under pressure shall be provided. A licensee shall maintain the hot water temperature for a resident's use at a range of 105 degrees Fahrenheit to 120 degrees Fahrenheit at the faucet. |

During the onsite inspection, I measured the water temperature with a digital thermometer. The water temperature was found to be as high as 136.4 degrees Fahrenheit.

REPEAT VIOLATION ESTABLISHED Reference LSR dated 04/13/2022, CAP dated 04/13/2022

| R 400.15403 | 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. |

During the onsite inspection, I observed damage to flooring in Bedroom #1 that was patched with duct tape.

| R 400.15403 | Maintenance of premises. |
|----------------------------------|--|
| | (6) All plumbing fixtures and water and waste pipes shall be properly installed and maintained in good working condition. Each water heater shall be equipped with a thermostatic temperature control and a pressure relief valve, both of which shall be in good working condition. |
| During the onsite | inspection, I observed faucet in Bathroom #2 was corroded. |
| R 400.15407 | Bathrooms. |
| | (1) Bathrooms and toilet facilities that do not have windows shall have forced ventilation to the outside. Bathroom windows that are used for ventilation shall open easily. |
| During the onsite working order. | inspection, I observed that the vent fan in Bathroom #1 was not in |

IV. RECOMMENDATION

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

Kristine Cillufo

04/18/2024

Kristine Cilluffo Licensing Consultant Date