



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

MARLON I. BROWN, DPA  
DIRECTOR

March 21, 2024

Margaret Eitniear  
5760 Hudson Rd.  
Osseo, MI 49266

RE: License #: AF300296275  
Eitniear AFC  
5760 Hudson Rd.  
Osseo, MI 49266

Dear Ms. Eitniear:

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 a Statement of Correction.

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, appearing to read 'Dwight Forde'.

Dwight Forde, Licensing Consultant  
Bureau of Community and Health Systems  
350 Ottawa, N.W. Unit 13, 7th Floor  
Grand Rapids, MI 49503

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

**I. IDENTIFYING INFORMATION**

**License #:** AF300296275

**Licensee Name:** Margaret Eitniew

**Licensee Address:** 5760 Hudson Rd.  
Osseo, MI 49266

**Licensee Telephone #:** (517) 523-4031

**Name of Facility:** Eitniew AFC

**Facility Address:** 5760 Hudson Rd.  
Osseo, MI 49266

**Facility Telephone #:** (517) 523-4031

**Original Issuance Date:** 03/02/2009

**Capacity:** 6

**Program Type:** PHYSICALLY HANDICAPPED  
DEVELOPMENTALLY DISABLED  
MENTALLY ILL  
ALZHEIMERS  
TRAUMATICALLY BRAIN INJURED

**II. METHODS OF INSPECTION**

Date of On-site Inspection(s): 3/21/24

Date of Bureau of Fire Services Inspection if applicable: N/A

Date of Health Authority Inspection if applicable: 11/28/23 A-Rating

No. of staff interviewed and/or observed 1  
No. of residents interviewed and/or observed 2  
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.  
Meal times not concurrent with the inspection
- 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:  
R 416 (1) 2/22/22 N/A
- Number of excluded employees followed-up? N/A
- Variances? Yes  (please explain) No  N/A

**III. DESCRIPTION OF FINDINGS & CONCLUSIONS**

**R 400.1430**

**Bathrooms.**

**(2) Bathroom doors may be equipped with positive latching, non-locking against-egress hardware. Hooks and eyes, bolts, bars, and other similar devices shall not be used on bathroom doors.**

**Findings**

The residents' bathroom did not have latching, non-locking against egress hardware, but locking against egress hardware.

**R 400.1440**

**(2) A furnace, water heater, heating appliances, pipes, woodburning stoves and furnaces, and other flame- or heat-producing equipment shall be installed in a fixed and permanent manner and in accordance with a manufacturer's instructions and shall be maintained in a safe condition.**

**Findings**

The dryer vent was not of the rigid metal type.

A corrective action plan was requested and approved on 03/21/2024. 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 is recommended.



3/21/24

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Dwight Forde  
Licensing Consultant

Date