

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

ORLENE HAWKS DIRECTOR

May 6, 2022

Vicky Cates McAnally AFC Facility, Inc. 3960 Sharp Road Adrian, MI 49221

> RE: License #: AM460008927 McAnallys AFC Facility 325 E. Hunt Adrian, MI 49221

Dear Ms. Cates:

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.

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,

Dw. Jude

Dwight Forde, Licensing Consultant Bureau of Community and Health Systems (616)-240-3850

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

I. IDENTIFYING INFORMATION

License #:	AM460008927
Licensee Name:	McAnally AFC Facility, Inc.
Licensee Address:	325 E. Hunt Adrian, MI 49221
Licensee Telephone #:	(517) 263-8745
Licensee/Licensee Designee:	Vicky Cates
Administrator:	Vicky Cates
Name of Facility:	McAnallys AFC Facility
Facility Address:	325 E. Hunt Adrian, MI 49221
Facility Telephone #:	(517) 263-8745
Original Issuance Date:	
Capacity:	11
Program Type:	DEVELOPMENTALLY DISABLED MENTALLY ILL AGED

II. METHODS OF INSPECTION

Date of On-site Inspection(s): 5/2/22

Date of Bureau of Fire Services Inspection if applicable: 10/18/21 A-Rating

Date of Health Authority Inspection if applicable: N/A

Insp	ection Type:	Interview and Observation Combination	⊠ Worksheet □ Full Fire Safety
No.	of staff interviewed and of residents interviewed of others interviewed	-	3 9
•	Medication pass / simu	lated pass observed? Yes $igtimes$	No 🗌 If no, explain.
•	Medication(s) and med	ication record(s) reviewed? Ye	es 🛛 No 🗌 If no, explain.
•	Yes 🛛 No 🗌 If no, e	sociated documents reviewed t xplain. rice observed? Yes 🗌 No 🗌	
•	Fire drills reviewed? Y	es 🖂 No 🗌 If no, explain.	
•	Fire safety equipment a	and practices observed? Yes	🛛 No 🗌 If no, explain.
•	If no, explain.	pecial Certification Only)Yes ecked?Yes 🛛 No 🗌 If no,	
•	Incident report follow-u	p? Yes 🗌 No 🔀 If no, expla	in.
•	Corrective action plan o N/A ⊠	compliance verified? Yes 🗌 (CAP date/s and rule/s:
•	Number of excluded er	nployees followed-up?	N/A 🖂
•	Variances? Yes 🗌 (pl	ease explain) No 🗌 N/A 🖂	

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

This facility was determined to be in non-compliance with the following rules and requirements.

- R 400.14401(3) All sewage shall be disposed of in a public sewer
system or, in the absence thereof, in a manner that is
approved by the health authority.The sewer cap in the basement was missing
- R 400.14403 (5) Floors, walls, and ceilings shall be finished so as to be easily cleanable and shall be kept clean and in good repair

The upstairs bathroom ceiling and floor was damaged and in need of repair.

A corrective action plan was requested and approved on 05/02/2022. Evidence of the corrections made was received on 5/6/2022.

IV. RECOMMENDATION

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

Dw. Jude

Dwight Forde Licensing Consultant

5/6/22

Date