



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

MARLON I. BROWN, DPA  
DIRECTOR

March 26, 2024

Bonnie Kilchermann  
P.O Box 108  
Edmore, MI 48829

RE: License #: AM590009155  
**Kilchermann**  
**8280 N. Neff Road**  
**Edmore, MI 48829**

Dear Mrs. Kilchermann:

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.

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 "Amanda Blasius".

Amanda Blasius, Licensing Consultant  
Bureau of Community and Health Systems  
611 W. Ottawa Street  
P.O. Box 30664  
Lansing, MI 48909

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

**I. IDENTIFYING INFORMATION**

<b>License #:</b>	AM590009155
<b>Licensee Name:</b>	Bonnie Kilchermann
<b>Licensee Address:</b>	8280 N Neff Road Edmore, MI 48829
<b>Licensee Telephone #:</b>	(989) 427-5245
<b>Licensee:</b>	Bonnie Kilchermann
<b>Administrator:</b>	Bonnie Kilchermann
<b>Name of Facility:</b>	Kilchermann
<b>Facility Address:</b>	8280 N. Neff Road Edmore, MI 48829
<b>Facility Telephone #:</b>	(989) 427-5245
<b>Original Issuance Date:</b>	10/20/1989
<b>Capacity:</b>	9
<b>Program Type:</b>	DEVELOPMENTALLY DISABLED MENTALLY ILL

**II. METHODS OF INSPECTION**

Date of On-site Inspection(s): 03/20/2024

Date of Bureau of Fire Services Inspection if applicable: 03/21/2024

Date of Health Authority Inspection if applicable: 12/13/2023

No. of staff interviewed and/or observed 3

No. of residents interviewed and/or observed 7

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.
- 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   
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as304(1)(o)  
as304(2)

### III. DESCRIPTION OF FINDINGS & CONCLUSIONS

This facility was found to be in non-compliance with the following rules:

**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.**

At the time of inspection, Resident A's assessment plan had been updated, but there was no verification, such as the resident's designated representative's signature, to confirm the assessment plan had been completed with their participation.

**R 400.14310 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.**

At the time of inspection, Resident A was missing weight documentation for January 2023, February 2023, March 2023, May 2023, June 2023, July 2023, August 2023, September 2023, December 2023, January 2024 and February 2024. Resident B was missing weight documentation for December 2023.

### IV. RECOMMENDATION

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



03/26/2024

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Amanda Blasius  
Licensing Consultant

Date