

GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS LANSING

MARLON I. BROWN, DPA DIRECTOR

June 7, 2024

Janie Smith 170 Larson Rd. Attica, MI 48412

RE: License #:	AF440003546
	Janie Smith Afc
	170 Larson Road
	Attica, MI 48412

Dear Janie Smith:

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 (517) 643-7960.

Sincerely,

Susan Hutchinson, Licensing Consultant Bureau of Community and Health Systems

Dusan Hutchinson

611 W. Ottawa Street

P.O. Box 30664 Lansing, MI 48909

(989) 293-5222

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

I. IDENTIFYING INFORMATION

License #:	AF440003546
Licensee Name:	Janie Smith
Licensee Address:	170 Larson Rd.
Licensee Address.	Attica, MI 48412
	, mass, m
Licensee Telephone #:	(810) 724-6773
Licensee/Licensee Designee:	N/A
A dustinistrator	N/A
Administrator:	N/A
Name of Facility:	Janie Smith Afc
The state of the s	Gaine Cimary no
Facility Address:	170 Larson Road
	Attica, MI 48412
Facility Talanhana #	(040) 704 6772
Facility Telephone #:	(810) 724-6773
Original Issuance Date:	05/23/1978
3	
Capacity:	6
Program Type:	PHYSICALLY HANDICAPPED
	DEVELOPMENTALLY DISABLED MENTALLY ILL
	AGED
	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,

II. METHODS OF INSPECTION

Date of On-site Inspection(s):	06/06/2024
Date of Bureau of Fire Services Inspection if a	pplicable: N/A
Date of Health Authority Inspection if applicable	e: 04/18/2024
No. of staff interviewed and/or observed No. of residents interviewed and/or observed No. of others interviewed Role: N/A	1 0
 Medication pass / simulated pass observed No residents currently in care Medication(s) and medication record(s) re 	
 Resident funds and associated document Yes ∑ No ☐ If no, explain. Meal preparation / service observed? Yes 	
Fire drills reviewed? Yes ⊠ No ☐ If no	, explain.
Fire safety equipment and practices observed.	rved? Yes ⊠ No □ If no, explain.
 E-scores reviewed? (Special Certification If no, explain. Water temperatures checked? Yes ⊠ N 	, – – –
Incident report follow-up? Yes ⊠ No □	If no, explain.
 Corrective action plan compliance verified N/A ☒ Number of excluded employees followed- 	
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 440.1440	Heat-producing equipment.	
	(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.	
	y inspection, I noted that the dryer was not equipped with a solid	
metal vent. All d	dryers must be equipped with a solid metal vent.	

IV. RECOMMENDATION

Dusan Hutchinson

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

Dusan Butchinson	June 7, 2024	
Susan Hutchinson	Date	
Licensing Consultant		