



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
DIRECTOR

August 7, 2024

Virgil Yarbrough
Yarbrough AFC II Inc
P O Box 19734
Detroit, MI 48219

RE: License #: AS820382715
Yarbrough AFC II
15226 Beechdale
Taylor, MI 48180

Dear Virgil Yarbrough:

Attached is the Renewal Licensing Study Report for the facility referenced above. The study has determined substantial violations of applicable licensing statutes and administrative rules. Therefore, refusal to renew the license is recommended. You will be notified in writing of the Department's intention and your options for resolution of this matter.

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 (313) 456-0380.

Sincerely,

A handwritten signature in cursive script, appearing to read "Denasha Walker".

Denasha Walker, Licensing Consultant
Bureau of Community and Health Systems
Cadillac Pl. Ste 9-100
3026 W. Grand Blvd
Detroit, MI 48202
(313) 300-9922

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

I. IDENTIFYING INFORMATION

License #:	AS820382715
Licensee Name:	Yarbrough AFC II Inc
Licensee Address:	15226 Beechdaly Taylor, MI 48180
Licensee Telephone #:	(734) 941-7355
Licensee/Licensee Designee:	Virgil Yarbrough
Administrator:	Virgil Yarbrough
Name of Facility:	Yarbrough AFC II
Facility Address:	15226 Beechdaly Taylor, MI 48180
Facility Telephone #:	(734) 941-7355
Original Issuance Date:	04/05/2017
Capacity:	5
Program Type:	DEVELOPMENTALLY DISABLED MENTALLY ILL

II. METHODS OF INSPECTION

Date of On-site Inspection(s): 06/18/2024

Date of Bureau of Fire Services Inspection if applicable:

Date of Health Authority Inspection if applicable:

No. of staff interviewed and/or observed 1

No. of residents interviewed and/or observed 4

No. of others interviewed [redacted] Role: [redacted]

- Medication pass / simulated pass observed? Yes No If no, explain.
A full worksheet inspection was completed.
- 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. Resident files were not available for review.
- Meal preparation / service observed? Yes No If no, explain.
- Fire drills reviewed? Yes No If no, explain.
Fire drills were not available for review.
- Fire safety equipment and practices observed? Yes No If no, explain.
- E-scores reviewed? (Special Certification Only) Yes No N/A
If no, explain. E-scores were not available for review.
- 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:
LSR DATED 10/03/2023, CAP DATED 10/06/2023 R 330.1803 (6),
R 40.14203 (1), R 400.1205 (6), R 400.14210, R 400.14301 (4),
R 400.14301 (9), R 400.14310 (3), R 400.14312 (1), R 400.14312 (4),
R 400.14315 (3), R 400.14401 (2), R 400.14402 (3), R 400.14402 (6),
R 400.14403 (1), R 400.14403 (13), R 400.14403 (2), R 400.14403 (4),
R 400.14403 (6), R 400.14411 (2) N/A
- Number of excluded employees followed-up? N/A
- 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 400.14203 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.

At the time of inspection, Virgil Yarbrough, licensee designee/administrator, has not provided verification that he successfully completed 16 hours of training or 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.

REPEAT VIOLATION ESTABLISHED LSR DATED 10/03/2023, CAP DATED 10/06/2023

R 400.14206 Staffing requirements.

(5) A licensee or administrator shall designate, in writing, a person who shall be on-site or immediately available and who shall have the authority to carry out the licensee's or administrator's responsibilities in the absence of the licensee or administrator and shall ensure that the identity of the designated person is made known to all staff.

At the time of inspection, a designated responsible person with the authority to carry out the licensee's or administrator's responsibilities in the absence of the licensee or administrator was not identified in writing and available for department review.

Direct care staff, Dee L. Yarbrough stated he does not handle the resident files.

R 400.14208 Direct care staff and employee records.

(1) A licensee shall maintain a record for each employee. The record shall contain all of the following employee information:

- (a) Name, address, telephone number, and social security number.
- (b) The professional or vocational license, certification, or registration number, if applicable.
- (c) A copy of the employee's driver license if a direct care staff member or employee provides transportation to residents.
- (d) Verification of the age requirement.
- (e) Verification of experience, education, and training.
- (f) Verification of reference checks.
- (g) Beginning and ending dates of employment.
- (h) Medical information, as required.
- (i) Required verification of the receipt of personnel policies and job descriptions.

At the time of inspection, employee records were not maintained and available for department review.

R 400.14316 Resident records.

(1) A licensee shall complete, and maintain in the home, a separate record for each resident and shall provide record information as required by the department. A resident record shall include, at a minimum, all of the following information:

- (a) Identifying information, including, at a minimum, all of the following:
 - (i) Name.
 - (ii) Social security number, date of birth, case number, and marital status.
 - (iii) Former address.
 - (iv) Name, address, and telephone number of the next of kin or the designated representative.
 - (v) Name, address, and telephone number of the person and agency responsible for the resident's placement in the home.

- (vi) Name, address, and telephone number of the preferred physician and hospital.
- (vii) Medical insurance.
- (viii) Funeral provisions and preferences.
- (ix) Resident's religious preference information.
- (b) Date of admission.
- (c) Date of discharge and the place to which the resident was discharged.
- (d) Health care information, including all of the following:
 - (i) Health care appraisals.
 - (ii) Medication logs.
 - (iii) Statements and instructions for supervising prescribed medication, including dietary supplements and individual special medical procedures.
 - (iv) A record of physician contacts.
 - (v) Instructions for emergency care and advanced medical directives.
- (e) Resident care agreement.
- (f) Assessment plan.
- (g) Weight record.
- (h) Incident reports and accident records.
- (i) Resident funds and valuables record and resident refund agreement.
- (j) Resident grievances and complaints.

At the time of inspection, resident records were not maintained in the home and available for department review.

R 400.14318 Emergency preparedness; evacuation plan; emergency transportation.

(5) A licensee shall practice emergency and evacuation procedures during daytime, evening, and sleeping hours at least once per quarter. A record of the practices shall be maintained and be available for department review.

At the time of inspection, a record of the emergency and evacuation practices were not maintained and was not available for department review.

R 400.14505 Smoke detection equipment; location; battery replacement; testing, examination, and maintenance; spacing of detectors mounted on ceilings and walls; installation requirements for new construction, conversions, and changes of category.

(3) The batteries of battery-operated smoke detectors shall be replaced in accordance with the recommendations of the smoke or heat detection equipment manufacturer.

At the time of inspection, the smoke detector in the hallway was chirping. The batteries of battery-operated smoke detector were not replaced in accordance with the recommendations of the manufacturer.

REPEAT VIOLATION ESTABLISHED LSR DATED 10/03/2023, CAP DATED 10/06/2023

On 07/16/2023, I completed an exit conference with licensee designee, Virgil Yarbrough regarding the findings including quality-of-care violations. Based on the current provisional license status, I provided Mr. Yarbrough the opportunity to explain the deficiencies, however, Mr. Yarbrough did not provide an explanation for the deficiencies. I explained to Mr. Yarbrough due to the provisional license status and the violations cited in the report, I recommend refusal to renew the license.

IV. RECOMMENDATION

I recommend refusal to renew the license of this adult foster care small group home (capacity 1-5).



07/18/2024

Denasha Walker
Licensing Consultant

Date

Approved by:



7/18/2024

Ardra Hunter
Area Manager

Date