



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

MARLON I. BROWN, DPA  
DIRECTOR

August 27, 2024

Margaret Themm-Morrissey  
5986 Rockcroft Blvd.  
Clarkston, MI 48346

RE: License #: AF630299603  
Autumn Days AFC  
5986 Rockcroft Blvd.  
Clarkston, MI 48346

Dear Margaret Themm-Morrissey:

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 or
- 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 (248) 975-5053.

Sincerely,

A handwritten signature in cursive script that reads "Kristen Donnay".

Kristen Donnay, Licensing Consultant  
Bureau of Community and Health Systems  
Cadillac Place  
3026 W. Grand Blvd. Ste 9-100  
Detroit, MI 48202  
(248) 296-2783

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

**I. IDENTIFYING INFORMATION**

<b>License #:</b>	AF630299603
<b>Licensee Name:</b>	Margaret Themm-Morrissey
<b>Licensee Address:</b>	5986 Rockcroft Blvd. Clarkston, MI 48346
<b>Licensee Telephone #:</b>	(248) 623-2846
<b>Name of Facility:</b>	Autumn Days AFC
<b>Facility Address:</b>	5986 Rockcroft Blvd. Clarkston, MI 48346
<b>Facility Telephone #:</b>	(248) 623-2846
<b>Original Issuance Date:</b>	11/04/2009
<b>Capacity:</b>	6
<b>Program Type:</b>	PHYSICALLY HANDICAPPED AGED ALZHEIMERS

## II. METHODS OF INSPECTION

Date of On-site Inspection(s): 08/27/2024

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

Date of Health Authority Inspection if applicable: 05/21/2024

No. of staff interviewed and/or observed 1  
No. of residents interviewed and/or observed 6  
No. of others interviewed 2 Role: Licensees

- 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

**III. DESCRIPTION OF FINDINGS & CONCLUSIONS**

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

<b>R 400.1405</b>	<b>Health of a licensee, responsible person, and member of the household.</b>
	(2) A licensee shall have on file with the department a statement signed by a licensed physician or his or her designee with regard to his or her knowledge of the physical health of the licensee and each responsible person. The statement shall be signed within 6 months before the issuance of a license and at any other time requested by the department.

During the onsite inspection, the employee file for responsible person Courtne Rosales Kruse did not contain a physician statement that was obtained at the time of hire or signed by a licensed physician.

**REPEAT VIOLATION ESTABLISHED**

**Reference Renewal Licensing Study Report Dated: 08/29/22; CAP Dated: 09/02/22**

<b>R 400.1405</b>	<b>Health of a licensee, responsible person, and member of the household.</b>
	(3) A licensee shall provide the department with written evidence that he or she and each responsible person in the home is free from communicable tuberculosis. Verification shall be within the 3-year period before employment and verification shall occur every 3 years thereafter.

During the onsite inspection, the employee file for responsible person Courtne Rosales Kruse did not contain verification of TB testing that was obtained at the time of hire (Hire Date: February 2023; TB Testing Dated: August 2024).

**REPEAT VIOLATION ESTABLISHED**

**Reference Renewal Licensing Study Report Dated: 08/29/22; CAP Dated: 09/02/22**

<b>R 400.1407</b>	<b>Resident admission and discharge criteria; resident assessment plan; resident care agreement; house guidelines; fee schedule; physician's instructions; health care appraisal.</b>
	(5) At the time of a resident's admission, a licensee shall complete a written resident care agreement which shall be

	<p>established between the resident or the resident's designated representative, the responsible agency, and the licensee. A department form shall be used unless prior authorization for a substitute form has been granted in writing by the department. A resident shall be provided the care and services as stated in the written resident care agreement.</p>
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During the onsite inspection, Resident C's file did not contain a resident care agreement that was completed at the time of admission on the department form.

**REPEAT VIOLATION ESTABLISHED**

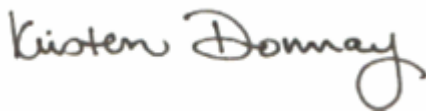
**Reference Renewal Licensing Study Report Dated: 08/29/22; CAP Dated: 09/02/22**

<b>R 400.1418</b>	<b>Resident medications.</b>
	<p>(4) When a licensee or responsible person supervises the taking of medication by a resident, the licensee or responsible person shall comply with the following provisions:          (b) Not adjust or modify a resident's prescription medication without agreement and instructions from a physician or a pharmacist who has knowledge of the medical needs of the resident. A licensee shall record in writing any adjustments or modifications of a resident's prescription medication.</p>

During the onsite inspection, the label instructions for Resident C's Remeron 15mg stated take 1 tablet at bedtime. The medication administration record (MAR) showed that the medication was being given at 8:00am. The label instructions for Resident C's Ondanestron 4mg stated take 1 tablet by mouth every 12 hours as needed. Resident C's MAR showed she was receiving the medication once daily at 12:00pm. There were no written instructions from a physician regarding these changes.

**IV. RECOMMENDATION**

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



08/27/2024

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Kristen Donnay  
Licensing Consultant

Date