

GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS LANSING

MARLON I. BROWN, DPA DIRECTOR

July 3, 2024

Kent Vanderloon McBride Quality Care Services, Inc. 3070 Jen's Way Mt. Pleasant, MI 48858

RE: License #: AS370088135

McBride #2

2051 Greencrest

Mount Pleasant, MI 48858

Dear Mr. Vanderloon:

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 designee and a date.

Once I receive the AFC renewal application / fee, an approved environmental inspection, and the corrective action plan is approved, the license and special certification will be renewed for two years. 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) 284-9730.

Sincerely,

Genrife Browning, Licensing Consultant

Bureau of Community and Health Systems browning 1@michigan.gov - 989-444-9614

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

I. IDENTIFYING INFORMATION

License #: AS370088135

Licensee Name: McBride Quality Care Services, Inc.

Licensee Address: 3070 Jen's Way

Mt. Pleasant, MI 48858

Licensee Telephone #: (989) 772-1261

Licensee/Licensee Designee: Kent Vanderloon

Administrator: Sarah Nestle

Name of Facility: McBride #2

Facility Address: 2051 Greencrest

Mount Pleasant, MI 48858

Facility Telephone #: (989) 773-6299

Original Issuance Date: 04/12/2000

Capacity: 6

Program Type: DEVELOPMENTALLY DISABLED

MENTALLY ILL

Certified Programs: DEVELOPMENTALLY DISABLED

MENTALLY ILL

II. METHODS OF INSPECTION

Date	e of On-site Inspection(s):	07/02/2	024	
Date	e of Bureau of Fire Services Inspection if appl	icable:	Not applicable	
	e of Health Authority Inspection if applicable: l ding.	Request	ed on 6/6/2024, results	
No.	of staff interviewed and/or observed of residents interviewed and/or observed of others interviewed 1 Role: Jackie B	rown AD	2 3 OOS	
•	Medication pass / simulated pass observed?	Yes 🖂	No 🗌 If no, explain.	
•	Medication(s) and medication record(s) revie	wed? Y	es 🗵 No 🗌 If no, explain.	
•	Resident funds and associated documents reviewed for at least one resident? Yes \boxtimes No \square If no, explain. Meal preparation / service observed? Yes \boxtimes No \square If no, explain.			
•	Fire drills reviewed? Yes ⊠ No □ If no, ex	cplain.		
•	Fire safety equipment and practices observe	d? Yes	⊠ No □ If no, explain.	
•	E-scores reviewed? (Special Certification On If no, explain. Water temperatures checked? Yes ⊠ No □	•		
•	Incident report follow-up? Yes ⊠ No ☐ If i	no, expla	ain.	
•	Corrective action plan compliance verified? N/A Number of excluded employees followed-up?		CAP date/s and rule/s: 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 400.14301

Resident admission criteria; resident assessment plan; emergency admission; resident care agreement; physician's instructions; health care appraisal. (10) At the time of the resident's admission to the home, a licensee shall require that the resident or the resident's designated representative provide a written health care appraisal that is completed within the 90-day period before the resident's admission to the home. A written health care appraisal shall be completed at least annually. If a written health care appraisal is not available at the time of an emergency admission, a licensee shall require that the appraisal be obtained not later than 30 days after admission. A department health care appraisal form shall be used unless prior authorization for a substitute form has been granted, in writing, by the department.

Resident A's resident record did not have an updated *Health Care Appraisal* which was due in April 2024.

R 400.14401

Environmental health.

(2) Hot and cold running water that is under pressure shall be provided. A licensee shall maintain the hot water temperature for a resident's use at a range of 105 degrees Fahrenheit to 120 degrees Fahrenheit at the faucet.

The bathroom temperature in the two bathrooms tested did not reach over 80 degrees which is not adequate for handwashing.

IV. RECOMMENDATION

Contingent upon receipt of an acceptable corrective action plan, an approved environmental health inspection, and receipt of the AFC application / fee, renewal of the license and special certification is recommended.

Genrifer Browning	07/03/2024_	
Jennifer Browning	Date	
Licensing Consultant		