

GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS LANSING

MARLON I. BROWN, DPA DIRECTOR

September 18, 2024

Trudy Persky 3328 Kerswill Rd Gladwin, MI 48624

RE: License #: AF260015718

Persky's AFC Home 3328 Kerswill Rd Gladwin, MI 48624

Dear Ms. Persky:

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.

A six-month provisional license is recommended. If you do not contest the issuance of a provisional license, you must indicate so in writing; this may be included in your corrective action plan or in a separate document. If you contest the issuance of a provisional license, you must notify this office in writing and an administrative hearing will be scheduled. Even if you contest the issuance of a provisional license, you must still submit an acceptable corrective action plan in 15 days.

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 (616) 356-0100.

Sincerely,

Johnnie Daniels, Licensing Consultant Bureau of Community and Health Systems 1999 Walden Dr.

Gaylord, MI 49735

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

I. IDENTIFYING INFORMATION

License #: AF260015718

Licensee Name: Trudy Persky

Licensee Address: 3328 Kerswill Rd

Gladwin, MI 48624

Licensee Telephone #: (517) 426-1949

Name of Facility: Persky's AFC Home

Facility Address: 3328 Kerswill Rd

Gladwin, MI 48624

Facility Telephone #: (989) 426-1949

Original Issuance Date: 03/07/1994

Capacity: 4

Program Type: DEVELOPMENTALLY DISABLED

II. METHODS OF INSPECTION

Date of On-site Inspection(s):		09/10/2024
Date of Bureau of Fire Services Inspection	on if applicable:	N/A
Date of Health Authority Inspection if app	licable:	6/27/24
No. of staff interviewed and/or observed No. of residents interviewed and/or observed No. of others interviewed	rved ole:	2 2
Medication pass / simulated pass ob	served? Yes 🛛 I	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. Meals were not served at the time of the inspection. 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 ⊠ N	lo 🗌 If no, explair	n.
 Corrective action plan compliance version N/A ⊠ Number of excluded employees follows: 	_	AP date/s and rule/s:
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:

MCL 400.734b

Employing or contracting with certain individuals providing direct services to residents; prohibitions; criminal history check; exemptions; written consent and identification; conditional employment; use of criminal history record information; disclosure; determination of existence of national criminal history; failure to conduct criminal history check; automated fingerprint identification system database; electronic web-based system; costs; definitions.

- (6) If an adult foster care facility determines it necessary to employ or independently contract with an individual before receiving the results of the individual's criminal history check or criminal history record information required under this section, the adult foster care facility may conditionally employ the individual if all of the following apply:
- (b) The individual signs a written statement indicating all of the following:
 - (i) That he or she has not been convicted of 1 or more of the crimes that are described in subsection (1)(a) to (g) within the applicable time period prescribed by subsection (1)(a) to (g).
 - (ii) That he or she is not the subject of an order or disposition described in subsection (1)(h).
 - (iii) That he or she has not been the subject of a substantiated finding as described in subsection (1)(i).
 - (iv) The individual agrees that, if the information in the criminal history check conducted under this section does not confirm the individual's statement under subparagraphs (i) to (iii), his or her employment will be terminated by the adult foster care facility as required under subsection (1) unless and until the individual can prove that the information is incorrect.
 - (v) That he or she understands the conditions described in subparagraphs (i) to (iv) that result in the termination of his or her employment and that those conditions are good cause for termination.

Findings:

At the time of the inspection there was no workforce background check, written consent, live fingerprint scan or agreement, criminal history results and signed conditional employment offer for responsible person James Persky located at the facility.

R 400.1405

Health of a licensee, responsible person, and member of the household.

(1) A licensee, responsible person, and a member of the household shall be in such physical and mental health so as not to negatively affect either the health of the resident or the quality of his or her care.

Findings:

At the time of the inspection, there was no form signed by a physician for responsible person James Persky stating they were in good physical health to care for the residents.

R 400.1405

Health of a licensee, responsible person, and member of the household.

(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.

Findings:

At the time of the inspection responsible person James Persky and Licensee Trudy Persky, were unable to produce a statement signed by a license physician they were in good physical health to care for the residents.

R 400.1405

Health of a licensee, responsible person, and member of the household.

(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.

Findings:

At the time of the inspection Licensee Trudy Persky was unable to produce verification of her being free of communicable

tuberculosis. Verification shall be within the 3-year period before employment and verification shall occur every 3 years thereafter.

R 400.1407 ; resident care agreement;

(6) A licensee shall review the written resident care agreement with the resident or the resident's designated representative and responsible agency at least annually or more often if necessary.

Findings: At the time of the inspection the home was unable to produce a

current written resident care agreement for Resident A and

Resident B.

IV. RECOMMENDATION

Contingent upon receipt of an acceptable corrective action plan, issuance of a provisional license is recommended.

9/18/24

Johnnie Daniels Date

Licensing Consultant