



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

MARLON I. BROWN, DPA  
DIRECTOR

October 1, 2024

Danielle and Dale Sissell  
20461 Spruce Rd.  
Big Rapids, MI 49307

RE: License #: AF540281079  
**Welcome Home AFC**  
**20461 Spruce Road**  
**Big Rapids, MI 49307**

Dear Danielle and Dale Sissell:

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 of the medical clearance for Chelsey Sissell and the corrected MAR by **10/15/2024**.

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,

A handwritten signature in black ink that reads "Jennifer Browning".

Jennifer Browning, Licensing Consultant  
Bureau of Community and Health Systems  
browningj1@michigan.gov - 989-444-9614

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

**I. IDENTIFYING INFORMATION**

<b>License #:</b>	AF540281079
<b>Licensee Name:</b>	Danielle and Dale Sissell
<b>Licensee Address:</b>	20461 Spruce Rd. Big Rapids, MI 49307
<b>Licensee Telephone #:</b>	(231) 527-1724
<b>Name of Facility:</b>	Welcome Home AFC
<b>Facility Address:</b>	20461 Spruce Road Big Rapids, MI 49307
<b>Facility Telephone #:</b>	(231) 527-1724
<b>Original Issuance Date:</b>	04/18/2006
<b>Capacity:</b>	6
<b>Program Type:</b>	PHYSICALLY HANDICAPPED DEVELOPMENTALLY DISABLED MENTALLY ILL
<b>Certified Programs:</b>	DEVELOPMENTALLY DISABLED MENTALLY ILL

**II. METHODS OF INSPECTION**

Date of On-site Inspection(s): 09/27/2024

Date of Bureau of Fire Services Inspection if applicable: Not applicable.

Date of Health Authority Inspection if applicable: 06/25/2024

No. of staff interviewed and/or observed 2

No. of residents interviewed and/or observed 6

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

- 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.  
The inspection was not done during meal times. The food at the facility appeared safe and free from spoilage and contamination, the food service equipment was in good repair, and the facility appeared equipped to prepare and serve adequate meals.
- 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:

**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.**

There was no medical clearance for Chelsey Sissell in her employee record.

**R 400.1418**            **Resident medications.**

**(1) Prescription medication, including tranquilizers, sedatives, dietary supplements, or individual special medical procedures, shall be given or applied only as prescribed by a licensed physician or dentist. Prescription medication shall be kept in the original pharmacy container which shall be labeled for the specific resident in accordance with the requirements of Act No. 368 of the Public Acts of 1978, as amended, being S333.1101 et seq. of the Michigan Compiled Laws.**

Resident A's MAR states Ferrous Sulfate should be administered every other day however the medication bubble pack gives direction to administer 1 tablet by mouth daily.

A corrective action plan was requested and approved on 09/27/2024. It is expected that the corrective action plan be implemented within the specified time frames as outlined in the approved plan. A follow-up evaluation may be made to verify compliance. Should the corrections not be implemented in the specified time, it may be necessary to reevaluate the status of your license and special certification.

#### IV. RECOMMENDATION

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

*Jennifer Browning*

Jennifer Browning  
Licensing Consultant

\_\_\_\_\_10/01/2024\_\_\_\_\_

Date