



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
DIRECTOR

September 25, 2024

Madiha Zeeshan
BIRCH RUN AFC ,LLC
8340 W Potter Road
Flint, MI 48433

RE: License #:	AL730411567
Investigation #:	2024A1039050
	Birch Run Fields Assisted Living

Dear Madiha Zeeshan:

Attached is the Special Investigation Report for the above referenced facility. Due to the violations identified in the report, a written corrective action plan is required. 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 time frames 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 responsible party and a date.

If you desire technical assistance in addressing these issues, please feel free to contact me. In any event, the corrective action plan is due within 15 days. Failure to submit an acceptable corrective action plan will result in disciplinary action.

Please review the enclosed documentation for accuracy and contact me with any questions. In the event that I am not available and you need to speak to someone immediately, please contact the local office at (517) 643-7960.

Sincerely,

A handwritten signature in cursive script, appearing to read "Martin Gonzales".

Martin Gonzales, Licensing Consultant
Bureau of Community and Health Systems
611 W. Ottawa Street
P.O. Box 30664
Lansing, MI 48909

enclosure

**MICHIGAN DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
BUREAU OF COMMUNITY AND HEALTH SYSTEMS
SPECIAL INVESTIGATION REPORT**

I. IDENTIFYING INFORMATION

License #:	AL730411567
Investigation #:	2024A1039050
Complaint Receipt Date:	08/07/2024
Investigation Initiation Date:	08/12/2024
Report Due Date:	10/06/2024
Licensee Name:	BIRCH RUN AFC ,LLC
Licensee Address:	8340 W Potter Road Flint, MI 48433
Licensee Telephone #:	(517) 414-3719
Administrator:	Madiha Zeeshan
Licensee Designee:	Madiha Zeeshan
Name of Facility:	Birch Run Fields Assisted Living
Facility Address:	12160 Ulmer Rd Birch Run, MI 48415
Facility Telephone #:	(517) 414-3719
Original Issuance Date:	08/01/2022
License Status:	REGULAR
Effective Date:	02/01/2023
Expiration Date:	01/31/2025
Capacity:	20
Program Type:	PHYSICALLY HANDICAPPED ALZHEIMERS AGED

II. ALLEGATION(S)

	Violation Established?
The facility received a fire safety disapproval rating on 07/19/2024.	Yes

III. METHODOLOGY

08/07/2024	Special Investigation Intake 2024A1039050
08/12/2024	Special Investigation Initiated - Telephone Phone call to BFS regarding report.
08/19/2024	Contact - Document Received Received update from BFS Supervisor Brent Connell.
08/19/2024	Contact – Document Received Received update from BFS Inspecting Official Dan Stasa
09/08/2024	Inspection Completed On-site Interviewed Home Manager.
09/08/2024	Contact - Telephone call received Interviewed Licensee Designee.
09/08/2024	Exit Conference Completed with Licensee Designee.
09/19/2024	Inspection Completed-BCAL Sub. Compliance

ALLEGATION:

The facility received a fire safety disapproval rating on 07/19/2024.

INVESTIGATION:

On 07/19/2024, a Bureau of Fire Services (BFS) Re-Check Annual inspection was completed at the facility. Inspecting official Thomas Ford completed the inspection and noted the following:

At the time of inspection, there was no documentation present showing the following:

- *When the last Smoke Detector Sensitivity Testing occurred, .*
- *When Staff reviewed the plan not less than every 2 months in 2024.*
- *No FIRE WATCH policy available for the Fire Alarm and Sprinkler Systems.*
- *No drills were conducted during 2024 and 3rd Quarter of 2023 for the 2nd shift.*
- *No "NO SMOKING" signs posted on or in the facility.*
- *No documentation present showing that the Monthly 30 Second Test of the battery-operated emergency lighting had been conducted.*
- *No documentation present showing that the Annual 90 Minute Test of the battery-operated emergency lighting had been conducted.*
- *No documented monthly inspections of the Fire Extinguishers occurred except in March and April of 2024.*
- *No documentation present showing that the semi-annual inspection, testing and maintenance of the Kitchen Hood Suppression System had been conducted.*

BFS NOTE: A Recheck of the Annual Inspection was conducted on Friday, July 19, 2024. At the time of the inspection, there was no management present, and the records were locked in the office, unavailable for review. The workers present at the time of inspection were unable to contact anyone to gain access to these records. Status of the inspection is now DISAPPROVED.

On 08/19/2024, I received an email from BFS Inspecting Official Dan Stasa regarding the BFS Re-Check Annual Inspection. BFS Stasa informed me that he had not received anything from the facility since the inspection was completed.

On 09/08/2024, I completed an unannounced onsite investigation at Birch Run Assisted Living and interviewed the Home Manager (HM) Hope Patterson regarding the BFS Re-Check Annual inspection. HM Patterson stated that she had recently started in this new role and did not know much about the Re-Check inspection and that she would have to call the Licensee Designee Madiha Zeeshan for more information. HM Patterson did not have any further information regarding the BFS Re-Check Annual Inspection.

On 09/08/2024, I completed a phone interview with Licensee Designee (LD) Madiha Zeeshan regarding the BFS Re-Check Annual inspection. LD Zeeshan stated that she believes there was some confusion from the inspector as she believes that they were

incompliance at the time of the BFS Re-Check Annual Inspection but that her books containing the information were not available to him as they were locked away. LD Zeeshan stated that if she was present that she would have been able to give the BFS inspector the information he needed at the time of the BFS Re-Check Inspection. LD Zeeshan stated that she sent in a corrective action plan the next day. On 09/08/2024, I completed an exit conference with Licensee Designee (LD) Madiha Zeeshan. I informed LD Zeeshan of the results of my investigation. LD Zeeshan stated that she will complete and send a corrective action plan. LD Zeeshan stated that she believes that the BFS Re-Check Inspection would have been passes if she was present as she would have been able to give the BFS inspector the books with the information needed. LD Zeeshan had no further comments regarding the investigation.

APPLICABLE RULE	
R 400.15403	Maintenance of premises.
	(1) A home shall be constructed, arranged, and maintained to provide adequately for the health, safety, and well-being of occupants.
ANALYSIS:	<p>On 07/19/2024, The Bureau of Fire Services (BFS) Re-Check Annual inspection was completed at the facility. The facility was found to have deficiencies and a D-rating was obtained.</p> <p>I completed an onsite investigation on 09/08/2024. The Licensee Designee acknowledged the BFS inspection D-rating.</p> <p>There is a preponderance of evidence to substantiate R 400.15403 (1) violation due to the deficiencies noted in the Bureau of Fire Safety D-rating report.</p>
CONCLUSION:	VIOLATION ESTABLISHED

IV. RECOMMENDATION

Upon the receipt of an approved corrective action plan, no change to the status of the license is recommended.

Martin Gonzales

09/23/2024

Martin Gonzales Licensing Consultant	Date
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Approved By:

Mary Holton

09/25/2024

Mary E. Holton Area Manager	Date
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