

GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS LANSING

MARLON I. BROWN, DPA DIRECTOR

December 2, 2024 Linda K. M. Quaye and Samuel Quaye 15357 Chippewa Street Buchanan, MI 49107

RE: License #: AS110237511

Samlind Services US-31 2031 US-31 North Niles, MI 49120

Dear Linda K. M. Quaye and Samuel Quaye:

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 when the HCA is completed, and the MAR has been updated.

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,

Nile Khabeiry, Licensing Consultant

We Khaberry, LMSW

Bureau of Community and Health Systems

Unit 13, 7th Floor 350 Ottawa, N.W.

Grand Rapids, MI 49503

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

I. IDENTIFYING INFORMATION

License #: AS110237511

Linda K. M. Quaye and Samuel Quaye

Licensee Address: 15357 Chippewa Street

Buchanan, MI 49107

Licensee Telephone #: (269) 683-4108

Licensee/Licensee Designee: Linda Quaye

Administrator: Linda Quaye

Name of Facility: Samlind Services US-31

Facility Address: 2031 US-31 North

Niles, MI 49120

Facility Telephone #: (269) 683-4108

Original Issuance Date: 09/28/2001

Capacity: 6

Program Type: DEVELOPMENTALLY DISABLED

MENTALLY ILL

II. METHODS OF INSPECTION

Date	e of On-site Inspection(s):	11/13/2	2024
Date	e of Bureau of Fire Services Inspection if appli	icable:	N/A
Date	e of Health Authority Inspection if applicable:		2/21/23
No.	of staff interviewed and/or observed of residents interviewed and/or observed of others interviewed 0 Role:		2 5
•	Medication pass / simulated pass observed?	Yes ∑	〗No □ If no, explain.
•	Medication(s) and medication record(s) revie	wed?	∕es ⊠ No If no, explain.
•	Resident funds and associated documents re Yes \(\subseteq \ No \(\subseteq \) If no, explain. AFC does not he Meal preparation / service observed? Yes \(\subseteq \)	old res	ident funds
•	Fire drills reviewed? Yes ⊠ No ☐ If no, ex	plain.	
•	Fire safety equipment and practices observed	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 r	no, expl	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 🔀	1

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.

FINDINGS: Health Care Appraisals were overdue for two residents.

R 400.14312

Resident medications.

(2) Medication shall be given, taken, or applied pursuant to label instructions.

FINDINGS: Resident medication not documented on the MAR.

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.

FINDINGS: Water temperature was above 120 degrees.

A corrective action plan was requested and approved on 11/13/2024. 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.

IV. RECOMMENDATION

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

12/2/2024

Nile Khabeiry

Licensing Consultant

We Khaberry, LMSW

Date