



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
DIRECTOR

November 27, 2024

Jill Long
2395 Loupin Drive 44 D
Clarksville, TN 37042

RE: License #: AS130415450
Kerak Hill Top
14079 Stone Jug Rd
Battle Creek, MI 49015

Dear Mrs. Long:

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 verification of completion of the required corrections below.

Upon receiving documentation of completed corrections, I recommend issuance of a regular license to this AFC adult large group home. 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 (616) 356-0100.

Sincerely,

Kevin L Sellers

Kevin Sellers, Licensing Consultant
Department of Licensing and Regulatory Affairs
Unit 13, 7th Floor
350 Ottawa, N.W.
Grand Rapids, MI 49503
(517) 230-3704
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**MICHIGAN DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
BUREAU OF COMMUNITY AND HEALTH SYSTEMS
RENEWAL INSPECTION REPORT**

I. IDENTIFYING INFORMATION

License #:	AS130415450
Licensee Name:	Jill Long
Licensee Address:	2395 Loupin Drive 44 D Clarksville, TN 37042
Licensee Telephone #:	(269) 565-3109
Licensee Designee:	Jill Long
Administrator:	Jill Long
Name of Facility:	Kerak Hill Top
Facility Address:	14079 Stone Jug Rd Battle Creek, MI 49015
Facility Telephone #:	(931) 217-7606
Original Issuance Date:	06/04/2024
Capacity:	6
Program Type:	PHYSICALLY HANDICAPPED DEVELOPMENTALLY DISABLED AGED

II. METHODS OF INSPECTION

Date of On-site Inspection(s): 11/26/2024

Date of Bureau of Fire Services Inspection if applicable: N/A

Date of Health Authority Inspection if applicable: 05/31/2024

No. of staff interviewed and/or observed 4

No. of residents interviewed and/or observed 5

No. of others interviewed 0 Role: 0

- 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.
No meals served during on-site 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 No If no, explain.
- Corrective action plan compliance verified? Yes CAP date/s and rule/s:
CAP on 11/26/24 205(6), 301(10), 316(1)(g) and 316(1)(i) 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 400.14205 **Health of a licensee, direct care staff, administrator, other employees, those volunteers under the direction of the licensee, and members of the household.**

(6) A licensee shall annually review the health status of the administrator, direct care staff, other employees, and members of the household. Verification of annual reviews shall be maintained by the home and shall be available for department review.

At the time of the onsite inspection, while reviewing employee files. Direct care workers (DCW) Anesia Ives, Scott Williams and Kiersten Gilbert's files did not have a yearly (annual) updated annual physical health review form since June of 2023. the initial form. Licensees, administrators, direct care workers, other employees and members of the household must have yearly updated physical health care reviews completed.

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.

At the time of the onsite inspection, reviewing resident files. Resident B's health care appraisal was not updated since 6/18/23. Resident health care appraisals are required to be updated annually (yearly) from the date of the last written health care appraisal.

R 400.14316 **Resident records.**

(1) A licensee shall complete, and maintain in the home, a separate record for each resident and shall provide record information as required by the department. A resident

record shall include, at a minimum, all of the following information:

(g) Weight record.

At the time of the onsite inspection, while reviewing resident files. Resident Weight Record forms for Residents A and B were completed up until June 2024. Residents are required to be weighed monthly and their weights documented on their Resident Weight Record located in each resident record file.

R 400.14316 Resident records.

(1) A licensee shall complete, and maintain in the home, a separate record for each resident and shall provide record information as required by the department. A resident record shall include, at a minimum, all of the following information:

(i) Resident funds and valuables record and resident refund agreement.

At the time of the onsite inspection, while reviewing resident record files. Resident Funds Part II forms for Resident A and Resident B were not completed roughly after February-March 2024. Licensees are required to document on the Resident Funds Part II form every month the cost of resident services just as it is documented on the AFC-Resident Care Agreement.

IV. RECOMMENDATION

An acceptable written corrective action plan was requested and approved on 11/26/24. Verification of completion of the corrective action plan must still occur by submitting documents of the above violations. However, I recommend renewal of a regular licensee to this AFC small group home.

Kevin L Sellers

11/27/24

Kevin Sellers
Licensing Consultant

Date