



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
DIRECTOR

July 24, 2024

John Lewis
325 State Street
Harbor Beach, MI 48441

RE: License #: AL320297229
Karen's Place
325 State St.
Harbor Beach, MI 48441

Dear John Lewis:

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 and a date.

Upon receipt of an acceptable corrective plan, a regular license will be issued. If you fail to submit an acceptable corrective action plan, disciplinary action will result.

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

Sincerely,

A handwritten signature in cursive script that reads "Cynthia Badour". The ink is dark and the signature is fluid, with a large loop on the "B" and a stylized "J" on the "J" in "Badour".

Cynthia Badour, Licensing Consultant
(517) 648-8877
Bureau of Community and Health Systems
611 W. Ottawa Street
P.O. Box 30664
Lansing, MI 48909

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

I. IDENTIFYING INFORMATION

License #:	AL320297229
Licensee Name:	John Lewis
Licensee Address:	325 State Street Harbor Beach, MI 48441
Licensee Telephone #:	(810) 767-6768
Licensee Designee:	N/A
Administrator:	N/A
Name of Facility:	Karen's Place
Facility Address:	325 State St. Harbor Beach, MI 48441
Facility Telephone #:	(989) 479-3465
Original Issuance Date:	10/23/2012
Capacity:	13
Program Type:	DEVELOPMENTALLY DISABLED MENTALLY ILL AGED

II. METHODS OF INSPECTION

Date of On-site Inspection(s): 07/17/2024

Date of Bureau of Fire Services Inspection if applicable: 01/26/2024

Date of Health Authority Inspection if applicable: 06/03/2024

No. of staff interviewed and/or observed 2
No. of residents interviewed and/or observed 10

No. of others interviewed 1 Role: Licensee

- 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.
- Fire drills reviewed? Yes ___ No ___ If no, explain.
- Fire safety equipment and practices observed? Yes ☒ ___ ☐ 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: ___
- 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 400.15205 Health of a licensee, direct care staff, administrator, other employees, those volunteers under the direction of the licensee, and members of the household.

(3) A licensee shall maintain, in the home, and make available for department review, a statement that is signed by a licensed physician or his or her designee attesting to the physician's knowledge of the physical health of direct care staff, other employees, and members of the household. The statement shall be obtained within 30 days of an individual's employment, assumption of duties, or occupancy in the home.

I observed new staff did not have the completed medical clearance by physician to work in the home within 30 days of hire.

R 400.15312 Resident medications.

(1) Prescription medication, including dietary supplements, or individual special medical procedures shall be given, taken, or applied only as prescribed by a licensed physician or dentist. Prescription medication shall be kept in the original pharmacy-supplied container, which shall be labeled for the specified 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, kept with the equipment to administer it in a locked cabinet or drawer, and refrigerated if required.

I observed prescription medication in the refrigerator that needs to be in a locked container.

R 400.15402 Food service.

(1) All food shall be from sources that are approved or considered satisfactory by the department and shall be safe for human consumption, clean, wholesome and free from spoilage, adulteration, and misbranding.

I observed expired food stored in the basement, upstairs in the kitchen cupboard and in the kitchen freezer.

R 400.15408 Bedrooms generally.

(5) Traffic to and from any room shall not be through a resident bedroom.

The washer and dryer are located in a bedroom occupied by 2 residents that needs to be relocated to prevent traffic through the residents' bedroom. There are currently laundry facilities located in the basement.

R 400.15410 Bedroom furnishings.

(5) A licensee shall provide a resident with a bed that is not less than 36 inches wide and not less than 72 inches long. The foundation shall be clean, in good condition, and provide adequate support. The mattress shall be clean, comfortable, in good condition, well protected, and not less than 5 inches thick or 4 inches thick if made of synthetic materials. The use of a waterbed is not prohibited by this rule.

The resident does not have his own bed and uses a lift/reclining chair which is his preference. Written documentation required from the resident's physician regarding this change.

IV. RECOMMENDATION

Contingent upon receipt of an acceptable corrective action plan, renewal of the license is recommended.

A handwritten signature in cursive script that reads "Cynthia Badour". The ink is dark and the signature is fluid.

7/24/2024

Cynthia Badour
Licensing Consultant

Date