



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
DIRECTOR

October 23, 2025

Carole Moore-Kidder
1385 Gidner Rd
Charlotte, MI 48813

RE: License #: AM230008108
Moore's Adult Foster Care Home.
P.O. Box 249
1385 Gidner Rd.
Charlotte, MI 48813

Dear Carole Moore-Kidder:

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 or licensee designee or home for the aged authorized representative and a date.

Upon receipt of the facility's renewal fee and 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, you may contact the local office at (517) 335-5985.

Sincerely,

A handwritten signature in black ink that reads "Cathy Cushman". The signature is written in a cursive, flowing style.

Cathy Cushman, Licensing Consultant
Bureau of Community and Health Systems
611 W. Ottawa Street
P.O. Box 30664
Lansing, MI 48909
(269) 615-5190

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

I. IDENTIFYING INFORMATION

License #: AM230008108

Licensee Name: Carole Moore-Kidder

Licensee Address: 1385 Gidner Rd
Charlotte, MI 48813

Licensee Telephone #: (517) 543-2822

Licensee Designee: N/A

Administrator: Shelby Moore

Name of Facility: Moores Adult Foster Care Home.

Facility Address: P.O. Box 249
1385 Gidner Rd.
Charlotte, MI 48813

Facility Telephone #: (517) 543-2822

Original Issuance Date: 10/10/1983

Capacity: 12

Program Type: ALZHEIMERS
AGED

II. METHODS OF INSPECTION

Date of On-site Inspection: 10/22/2025

Date of Bureau of Fire Services Inspection if applicable: 08/20/2025

Date of Health Authority Inspection if applicable: 08/13/2025

No. of staff interviewed and/or observed 1

No. of residents interviewed and/or observed 7

No. of others interviewed N/A 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.
Inspection did not occur at meal time. 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 400.14203 Licensee and administrator training requirements.

(1) A licensee and an administrator shall complete the following educational requirements specified in subdivision (a) or (b) of this subrule, or a combination thereof, on an annual basis:

(a) Participate in, and successfully complete, 16 hours of training designated or approved by the department that is relevant to the licensee's admission policy and program statement.

(b) Have completed 6 credit hours at an accredited college or university in an area that is relevant to the licensee's admission policy and program statement as approved by the department.

FINDING: Neither the licensee nor the administrator had verification of completing 16 hours of training or 6 credit hours, annually, as required.

R 400.14204 Direct care staff; qualifications and training.

(3) A licensee or administrator shall provide in-service training or make training available through other sources to direct care staff. Direct care staff shall be competent before performing assigned tasks, which shall include being competent in all of the following areas:

(g) Prevention and containment of communicable diseases.

FINDING: There was no verification any of the facility's three direct care staff completed and were competent in the Prevention and Containment of Communicable Diseases, as required.

R 400.14207 Required personnel policies.

(2) The written policies and procedures identified in subrule (1) of this rule shall be given to employees and volunteers at the time of appointment. A verification of receipt of the policies and procedures shall be maintained in the personnel records.

FINDING: There was no verification direct care staff, Kristen Pedrick, received a copy of the licensee's policies and procedures.

R 400.14207 Required personnel policies.

(3) A licensee shall have a written job description for each position. The job description shall define the tasks, duties, and responsibilities of the position. Each employee and volunteer who is under the direction of the licensee shall receive a copy of his or her job description. Verification of receipt of a job description shall be maintained in the individual's personnel record.

FINDING: There was no verification any of the facility's three direct care staff received a copy of their job description, as required.

R 400.14208 Direct care staff and employee records.

(3) A licensee shall maintain a daily schedule of advance work assignments, which shall be kept for 90 days. The schedule shall include all of the following information:

(a) Names of all staff on duty and those volunteers who are under the direction of the licensee.

(b) Job titles.

(c) Hours or shifts worked.

(d) Date of schedule.

(e) Any scheduling changes.

FINDING: There was no staff schedule with the required information available for review during the inspection.

R 400.14301 Resident admission criteria; resident assessment plan; emergency admission; resident care agreement; physician's instructions; health care appraisal.

(4) At the time of admission, and at least annually, a written assessment plan shall be completed with the resident or the resident's designated representative, the responsible agency, if applicable, and the licensee. A licensee shall maintain a copy of the resident's written assessment plan on file in the home.

FINDING: Multiple residents in the facility receive hospice services; however, their hospice service plans were not available for review or attached as addendums to their *Assessment Plans for AFC Residents*, as required.

“Assessment Plan” means a written statement prepared in cooperation with a responsible agency or person that identifies the specific care and maintenance, services, and resident activities appropriate for each individual resident’s physical and behavioral needs and wellbeing and the methods of providing the care and services taking into account the preferences and competency of the individual. A resident’s specific habilitation training and self-care needs are to be documented in the written assessment plan.

Specific licensee responsibilities include helping the resident learn to do, what he or she can do, and doing for a resident what he or she cannot do.

A Hospice Service Plan for a resident who is enrolled in a licensed hospice program which includes a do-not-resuscitate (DNR) order, or any other form of advance directive should be included as an addendum to the resident’s assessment and maintained with the assessment plan in the resident’s record.

R 400.14310 Resident health care.

(3) A licensee shall record the weight of a resident upon admission and monthly thereafter. Weight records shall be kept on file for 2 years.

FINDING: Monthly weight records were not being completed, as required.

R 400.14312 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.

FINDING: Multiple dietary supplements (e.g. fish oil), and over the counter medications (e.g. aspirin, allergy pills) were observed in Resident A's medication basket within the locked medication cabinet; however, there were no physician's orders for any of these medications.

R 400.14312 Resident medications.

(4) When a licensee, administrator, or direct care staff member supervises the taking of medication by a resident, he or she shall comply with all of the following provisions:

(b) Complete an individual medication log that contains all of the following information:

(i) The medication.

(ii) The dosage.

(iii) Label instructions for use.

(iv) Time to be administered.

(v) *The initials of the person who administers the medication, which shall be entered at the time the medication is given.*

(vi) A resident's refusal to accept prescribed medication or procedures.

FINDING: Resident Medication Administration Records (MARs) were not being completed for any of the residents. The MARs did not include the label instructions for use for any of the medications (e.g. administered by mouth three times per day, etc.), the time the medications were expected to be administered (e.g. 8 am, 12 pm, 8 pm, etc.), or the initials of any staff when the medications were administered.

R 400.14312 Resident medications.

(7) Prescription medication that is no longer required by a resident shall be properly disposed of after consultation with a physician or a pharmacist.

FINDING: Multiple medications were observed in the facility's medication cabinet that were no longer listed on the resident's Medication Administration Records (MARs), including Resident A's Atorvastatin 20 mg medication and Resident B's Melatonin and Cyclobenzaprine medications.

R 400.14408 Bedrooms generally.

(4) Interior doorways of bedrooms that are occupied by residents shall be equipped with a side-hinged, permanently mounted door that is equipped with positive-latching, non-locking-against-egress hardware.

FINDING: Multiple residents, including Resident A, Resident C, and Resident D, had locking against egress hardware on their bedroom doors.

R 400.14511 **Flame-producing equipment; enclosures.**

(1) If the heating plant is located in the basement of a small group home, standard building material may be used for the floor separation. Floor separation shall also include at least 1 ¾-inch solid core wood door or equivalent to create a floor separation between the basement and the first floor.

FINDING: The door at the bottom of the basement stairs was propped open during the inspection. This door creates floor separation between the basement and main level of the facility. Subsequently, this door should always remain closed. Additionally, the door was not positively latching, as required. This door should positively latch when released from any position.

IV. RECOMMENDATION

Contingent upon receipt of the facility's renewal fee and an acceptable corrective action plan, renewal of the license is recommended.



10/23/2025

Cathy Cushman
Licensing Consultant

Date