



RICK SNYDER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

SHELLY EDGERTON
DIRECTOR

April 12, 2017

Alicja Walenska and Slawomir Walenski
8109 High Point Trail
White Lake, MI 48386

RE: License #: AF630338873
Green Valley Place
8109 High Point Trail
White Lake, MI 48386

Dear Alicja Walenska and Slawomir Walenski:

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 a Statement of Correction.

The study has determined substantial compliance with applicable licensing statutes and administrative rules. Therefore, your license is renewed. It is valid only at your present address and is nontransferable.

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 (248) 975-5053.

Sincerely,

A handwritten signature in cursive script, appearing to read "DaShawnda Lindsey".

DaShawnda Lindsey, Licensing Consultant
Bureau of Community and Health Systems
4th Floor, Suite 4B
51111 Woodward Avenue
Pontiac, MI 48342
(616) 295-3777

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

I. IDENTIFYING INFORMATION

License License #: AF630338873

Licensee Name: Alicja Walenska and Slawomir Walenski

Licensee Address: 8109 High Point Trail
White Lake, MI 48386

Licensee Telephone #: (248) 462-0584

Licensee/Licensee Designee: N/A

Administrator: N/A

Name of Facility: Green Valley Place

Facility Address: 8109 High Point Trail
White Lake, MI 48386

Facility Telephone #: (248) 462-0584

Original Issuance Date: 01/08/2014

Capacity: 6

Program Type: AGED
ALZHEIMERS
TRAUMATICALLY BRAIN INJURED

II. METHODS OF INSPECTION

Date of On-site Inspection(s): 04/11/2017

Date of Bureau of Fire Services Inspection if applicable: 04/11/2017

Date of Health Authority Inspection if applicable: 04/11/2017

Inspection Type: Interview and Observation Worksheet
 Combination Full Fire Safety

No. of staff interviewed and/or observed 1

No. of residents interviewed and/or observed 6

No. of others interviewed 2 Role: licensees

- 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.
The inspection did not occur during a meal time.
- 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

<p>This facility was found to be in non-compliance with the following rules:</p>	
<p>MCL 400.734b</p>	<p>Employing or contracting with certain employees providing direct services to residents; prohibitions; criminal history check; exemptions; written consent and identification; conditional employment; use of criminal history record information; disclosure; failure to conduct criminal history check; automated fingerprint identification system database; report to legislature; costs; definitions.</p>
	<p>(2) Except as otherwise provided in this subsection or subsection (6), an adult foster care facility shall not employ or independently contract with an individual who has direct access to residents until the adult foster care facility or staffing agency has conducted a criminal history check in compliance with this section or has received criminal history record information in compliance with subsections (3) and (11). This subsection and subsection (1) do not apply to an individual who is employed by or under contract to an adult foster care facility before April 1, 2006. On or before April 1, 2011, an individual who is exempt under this subsection and who has not been the subject of a criminal history check conducted in compliance with this section shall provide the department of state police a set of fingerprints and the department of state police shall input those fingerprints into the automated fingerprint identification system database established under subsection (14). An individual who is exempt under this subsection is not limited to working within the adult foster care facility with which he or she is employed by or under independent contract with on April 1, 2006 but may transfer to another adult foster care facility, mental health facility, or covered health facility. If an individual who is exempt under this subsection is subsequently convicted of a crime or offense described under subsection (1)(a) to (g) or found to be the subject of a substantiated finding described under subsection (1)(i) or an order or disposition described under subsection (1)(h), or is found to have been convicted of a relevant crime described under 42 USC 1320a-7(a), he or she is no longer exempt and shall be terminated from employment or denied employment.</p>

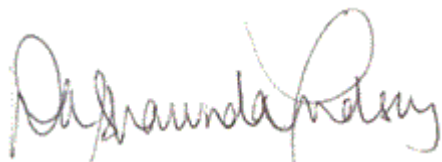
<p>I reviewed three staff files. A background check through the workforce background check was not completed for staff AP, ED, and SW. Licensee Alicja Walenska and Slawomir Walenski stated they were unaware that staff background checks had to be completed through that particular system.</p>	
<p>R 400.1407</p>	<p>Resident admission and discharge criteria; resident assessment plan; resident care agreement; house guidelines; fee schedule; physicians instructions; health care appraisal.</p>
	<p>(6) A licensee shall review the written resident care agreement with the resident or the resident's designated representative and responsible agency at least annually or more often if necessary.</p>
<p>I reviewed six resident files. Resident MJ's and AM's resident care agreements were last completed in June 2015 and January 2016, respectively. Licensee Alicja Walenska and Slawomir Walenski stated they were unaware that these agreements had to be reviewed and updated at least annually even if there were no changes.</p>	
<p>R 400.1416</p>	<p>Resident health care.</p>
	<p>(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.</p>
<p>I reviewed resident files. I reviewed Resident DM, AM, SM, EH, MJ, and SM were not weighed monthly. Licensee Alicja Walenska and Slawomir Walenski stated a resident may not have been weighed due to hospitalization or the resident may have experienced difficulty with standing.</p>	
<p>R 400.1438</p>	<p>Emergency preparedness; evacuation plan; emergency transportation.</p>
	<p>(4) Fire drills shall be conducted 4 times a year. Two of the 4 required fire drills shall be conducted during sleeping hours. A record of the fire drills shall be incorporated with the evacuation plan.</p>

At least one fire drill per quarter was not completed. In addition, the evacuation time for each drill was not documented. Licensee Alicja Walenska and Slawomir Walenski agreed to complete at least one drill per quarter as well as document the evacuation time.	
R 400.1440	Heat producing equipment.
	(6) Heat-producing equipment located in a basement shall be separated from the remainder of the home by means of a floor separation. Standard building material shall be sufficient for the floor separation and shall include at least a 1 3/4-inch solid wood core door or equivalent which is installed in a substantially fully stopped wood or steel frame and which is so constructed to effectively stop the spread of smoke and fire. The door shall be equipped with an automatic self-closing device and positive-latching hardware.
There was no floor separation. Licensee Alicja Walenska and Slawomir Walenski stated they thought they only needed a heat plant room to enclose heat-producing equipment on the lower level. They stated they did not know a door at top or bottom of stairs was required to create floor separation.	

A corrective action plan was requested and approved on 04/11/2017. 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.



DaShawnda Lindsey
Licensing Consultant

04/12/2017
Date