



RICK SNYDER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

SHELLY EDGERTON
DIRECTOR

January 10, 2018

Yogarajah & Nilima Saverus
3955 Rose Drive
Berrien Springs, MI 49103

RE: License #: AS110073385
L & J Adult Foster Care Home
8965 Meadow Lane
Berrien Springs, MI 49103

Dear Y. Stanley & Nilima Saverus:

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: *(choose one or more)*

- You are to submit documentation of compliance.

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) 284-9720.

Sincerely,

A handwritten signature in cursive script that reads "Karen Hodge".

Karen Hodge, Licensing Consultant
Bureau of Community and Health Systems
401 Eighth Street
P.O. Box 1407
Benton Harbor, MI 49023
(269) 363-1742

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

I. IDENTIFYING INFORMATION

License #: AS110073385

Licensee Name: Yogarajah & Nilima Saverus

Licensee Address: 3955 Rose Drive
Berrien Springs, MI 49103

Licensee Telephone #: (269) 471-5957

Licensee/Licensee Designee: N/A

Administrator:

Name of Facility: L & J Adult Foster Care Home

Facility Address: 8965 Meadow Lane
Berrien Springs, MI 49103

Facility Telephone #: (269) 471-9606

Original Issuance Date: 04/01/1997

Capacity: 6

Program Type: PHYSICALLY HANDICAPPED
DEVELOPMENTALLY DISABLED
MENTALLY ILL
AGED

II. METHODS OF INSPECTION

Date of On-site Inspection(s): 01/10/2018

Date of Bureau of Fire Services Inspection if applicable:

Date of Health Authority Inspection if applicable: 10/15/2017

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 2
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 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:

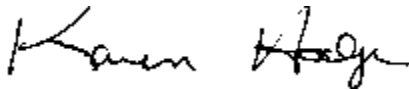
R 400.14507 Means of egress generally.

(2) A means of egress shall be arranged and maintained to provide free and unobstructed egress from all parts of a small group home.

One of the two fire exit doors and walkway was obstructed with a large volume of snow, preventing free and unobstructed egress.

IV. RECOMMENDATION

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



01/10/2018

Karen Hodge
Licensing Consultant

Date