



RICK SNYDER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

SHELLY EDGERTON
DIRECTOR

February 16, 2018

LaTonda Anderson
7435 Waterfall Drive
Grand Blanc, MI 48439

RE: License #: AS250339782
Granny's Place
3314 Hampshire Avenue
Flint, MI 48504

Dear LaTonda Anderson:

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 documentation of compliance.

The study has determined substantial compliance with applicable licensing statutes and administrative rules. Therefore, your license is renewed as of 2/20/18. 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 (810) 787-7031.

Sincerely,

A handwritten signature in cursive script that reads "Christopher A. Holvey".

Christopher Holvey, Licensing Consultant
Bureau of Community and Health Systems
4809 Clio Road
Flint, MI 48504
(517) 899-5659

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

I. IDENTIFYING INFORMATION

License #: AS250339782

Licensee Name: LaTonda Anderson

Licensee Address: 7435 Waterfall Drive
Grand Blanc, MI 48439

Licensee Telephone #: (810) 610-0656

Licensee/Licensee Designee: N/A

Administrator: LaTonda Anderson

Name of Facility: Granny's Place

Facility Address: 3314 Hampshire Avenue
Flint, MI 48504

Facility Telephone #: (810) 610-0656

Original Issuance Date: 08/13/2013

Capacity: 6

Program Type: ALZHEIMERS
AGED

II. METHODS OF INSPECTION

Date of On-site Inspection(s): 02/14/2018

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

Date of Health Authority Inspection if applicable: N/A

Inspection Type: Interview and Observation Worksheet
 Combination Full Fire Safety

No. of staff interviewed and/or observed 2

No. of residents interviewed and/or observed 2

No. of others interviewed 0 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.
Facility was viewed to have an adequate supply of food.
- 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:
7/17/17 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 400.14306 Use of assistive devices.

(3) Therapeutic supports shall be authorized, in writing, by a licensed physician. The authorization shall state the reason for the therapeutic support and the term of the authorization.

Facility did not have a script/order from a physician for bedrails being used for one resident.

R 400.14510 Heating equipment generally.

(2) A furnace, water heater, heating appliances, pipes, wood-burning stoves and furnaces, and other flame-or heat producing equipment shall be installed in a fixed or permanent manner and in accordance with a manufacturer's instructions and shall be maintained in a safe condition.

Facility had a dryer vent that made of a material other than metal.

A corrective action plan was requested and approved on 02/14/2018. 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.



2/16/18

Christopher Holvey
Licensing Consultant

Date

