



RICK SNYDER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

SHELLY EDGERTON
DIRECTOR

June 27, 2018

Leslie Alston
318 W Ninth Ave
Flint, MI 48503

RE: License #:	AF250385924 Water Brooks Living 318 W Ninth Ave Flint, MI 48503
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Dear Ms. Alston:

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 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) 284-9720.

Sincerely,

A handwritten signature in dark ink that reads "Susan Sells". The signature is written in a cursive style with a large initial 'S'.

Susan Sells, Licensing Consultant
Bureau of Community and Health Systems
4809 Clio Road
Flint, MI 48504
(989) 293-5222

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

I. IDENTIFYING INFORMATION

License#:	AF250385924
Licensee Name:	Leslie Alston
Licensee Address:	318 W Ninth Ave Flint, MI 48503
Licensee Telephone #:	(469) 315-8296
Licensee/Licensee Designee:	N/A
Administrator:	N/A
Name of Facility:	Water Brooks Living
Facility Address:	318 W Ninth Ave Flint, MI 48503
Facility Telephone #:	(469) 315-8296
Original Issuance Date:	02/06/2018
Capacity:	5
Program Type:	DEVELOPMENTALLY DISABLED AGED

II. METHODS OF INSPECTION

Date of On-site Inspection(s): 06/26/2018

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: N/A

- 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.
My inspection did not take place during a mealtime.
- 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.
No IR's submitted
- 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 400.1404	Licensee, responsible person, and member of the household; qualifications.
	(3) A licensee or responsible person shall possess all of the following qualifications: (c) Be capable of appropriately handling emergency situations.
At the time of my inspection, the licensee was unable to produce documentation that the employees and responsible persons have been trained in CPR and First Aid so as to appropriately handle emergency situations.	
R 400.1404	Licensee, responsible person, and member of the household; qualifications.
	(5) All responsible persons and members of the household shall be of good moral character and suitable temperament to assure the welfare of residents.
At the time of my inspection, the licensee was unable to produce documentation that all of her employees have completed criminal history checks and/or fingerprinting to demonstrate their good moral character.	
R 400.1405	Health of a licensee, responsible person, and member of the household.
	(2) A licensee shall have on file with the department a statement signed by a licensed physician or his or her designee with regard to his or her knowledge of the physical health of the licensee and each responsible person. The statement shall be signed within 6 months before the issuance of a license and at any other time requested by the department.

At the time of my inspection, the licensee was unable to produce documentation that all of her employees are in good physical health.	
R 400.1407	Resident admission and discharge criteria; resident assessment plan; resident care agreement; house guidelines; fee schedule; physicians instructions; health care appraisal.
	(3) In situations where a resident is referred for admission, the resident assessment plan shall be conducted in conjunction with the resident or the resident's designated representative, the responsible agency, and the licensee. A licensee shall maintain a copy of the resident's written assessment plan on file in the home.
At the time of my inspection, I noted that the licensee was not fully completing the resident Assessment Plans. In addition, the Assessment Plans were not being completed prior to or at the time of admission to the home.	
R 400.1407	Resident admission and discharge criteria; resident assessment plan; resident care agreement; house guidelines; fee schedule; physicians instructions; health care appraisal.
	(5) At the time of a resident's admission, a licensee shall complete a written resident care agreement which shall be established between the resident or the resident's designated representative, the responsible agency, and the licensee. A department form shall be used unless prior authorization for a substitute form has been granted in writing by the department. A resident shall be provided the care and services as stated in the written resident care agreement.
At the time of my inspection, I noted that one of the residents did not have a completed Resident Care Agreement in his/her file. In addition, I noted that the licensee was not fully completing the Resident Care Agreements at the time of admission as required by this rule.	
R 400.1416	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.

At the time of my inspection, I noted that the licensee was not recording monthly weights on one of her residents.	
R 400.1418	Resident medications.
	(5) Prescription medication shall be kept in the original pharmacy-supplied and pharmacy-labeled container, stored in a locked cabinet or drawer, refrigerated if required, and labeled for the specific resident.
At the time of my inspection, I noted that the licensee was not keeping all prescription medications stored in a locked cabinet or drawer as required by this rule.	
R 400.1422	Resident records.
	(1)A licensee shall complete and maintain a separate record for each resident and shall provide record information as required by the department. A resident record shall include, at a minimum, all of the following information: (b) Date of admission.
At the time of my inspection, I noted that the licensee was not recording the date of admission on the Resident Identification Form.	

IV. RECOMMENDATION

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



June 27, 2018

Susan Sells Licensing Consultant	Date
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