



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

ORLENE HAWKS  
DIRECTOR

January 13, 2020

Mounirah Abuaita  
A & M Inc.  
11328 N. Bray Rd.  
Clio, MI 48420

RE: License #:	AS250309812 <b>A &amp; M Inc</b> <b>4064 Sheraton Drive</b> <b>Flint, MI 48532</b>
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Dear Ms. Abuaita:


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, and the receipt of your renewal application and fee, a regular license will be issued. If you fail to submit an acceptable corrective action plan, disciplinary action will result. In addition, your license cannot be renewed until you submit your renewal application and fee.

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) 284-9730.

Sincerely,

A handwritten signature in cursive script that reads "Susan Hutchinson, MA, LRC".

Susan Hutchinson, 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**

<b>License #:</b>	AS250309812
<b>Licensee Name:</b>	A & M Inc.
<b>Licensee Address:</b>	11328 N. Bray Rd. Clio, MI 48420
<b>Licensee Telephone #:</b>	(810) 247-2343
<b>Licensee/Licensee Designee:</b>	Mounirah Abuaita
<b>Administrator:</b>	Mounirah Abuaita
<b>Name of Facility:</b>	A & M Inc
<b>Facility Address:</b>	4064 Sheraton Drive Flint, MI 48532
<b>Facility Telephone #:</b>	(810) 820-7332
<b>Original Issuance Date:</b>	03/29/2011
<b>Capacity:</b>	6
<b>Program Type:</b>	PHYSICALLY HANDICAPPED ALZHEIMERS AGED

## II. METHODS OF INSPECTION

Date of On-site Inspection(s): 01/09/2020

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 4

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.
- 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:	
<b>R 400.14203</b>	<b>Licensee and administrator training requirements.</b>
	<p><b>(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:</b></p> <p><b>(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></p> <p><b>(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.</b></p>
At the time of my inspection, the licensee was unable to provide documentation that she completed at least 16 hours of training in 2016, 2018, and 2019.	
<b>R 400.14205</b>	<b>Health of a licensee, direct care staff, administrator, other employees, those volunteers under the direction of the licensee, and members of the household.</b>
	<b>(6) A licensee shall annually review the health status of the administrator, direct care staff, other employees, and members of the household. Verification of annual reviews shall be maintained by the home and shall be available for department review.</b>
At the time of my inspection, the licensee was unable to provide documentation that she is annually reviewing the health status of herself and direct care staff.	

#### IV. RECOMMENDATION

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

*Susan Hutchinson, MA, LPC*

January 13, 2020

Susan Hutchinson Licensing Consultant	Date
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