



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

ORLENE HAWKS
DIRECTOR

January 15, 2020

Joseph Gatu
7 Tony Tiger TRL
Springfield, MI 49037

RE: License #: AF130369560
JoAnne Foster Care
7 Tony Tiger TRL
Springfield, MI 49037

Dear Mr. Gatu:

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. ***Please submit verification of implementation and compliance with this corrective action plan by 02/01/2020.***

Upon resolution of Special Investigation # 2020A0578010, I recommend issuance of a regular license to this AFC adult family home, capacity of 5. 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 blue ink that reads "Michele Streeter".

Michele Streeter, Licensing Consultant
Bureau of Community and Health Systems
322 E. Stockbridge Ave
Kalamazoo, MI 49001
(269) 251-9037

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

I. IDENTIFYING INFORMATION

License #: AF130369560

Licensee Name: Joseph Gatu

Licensee Address: 7 Tony Tiger TRL
Springfield, MI 49037

Licensee Telephone #: (269) 883-6339

Licensee: Joseph Gatu

Administrator: N/A

Name of Facility: JoAnne Foster Care

Facility Address: 7 Tony Tiger TRL
Springfield, MI 49037

Facility Telephone #: (269) 274-1298

Original Issuance Date: 07/15/2015

Capacity: 5

Program Type: PHYSICALLY HANDICAPPED
DEVELOPMENTALLY DISABLED
MENTALLY ILL
AGED
ALZHEIMERS
TRAUMATICALLY BRAIN INJURED

II. METHODS OF INSPECTION

Date of On-site Inspection(s): 01/15/2020

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 1
No. of residents interviewed and/or observed 2
No. of others interviewed [redacted] 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.
No meal prepared during the time of inspection.
- 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

There were two residents residing at the facility at the time of inspection.

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.

(5) All responsible persons and members of the household shall be of good moral character and suitable temperament to assure the welfare of residents.

FINDING: There was no verification on record in the home of a criminal background check and required fingerprinting conducted on responsible person Michaela Browne, through the Michigan long-term care Workforce Background Check website.

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.

FINDING: There was no Resident Care Agreement on record in the home for Resident A. Resident B's Resident Care Agreement was only partially completed.

R 400.1407 Resident admission and discharge criteria; resident assessment plan; resident care agreement; house guidelines; fee schedule; physicians' instructions; health care appraisal.

(9) If a resident is not under the care of a physician at the time of the resident's admission to the home, the licensee shall

require that the resident or the resident's designated representative provide a written health care appraisal completed within the 90-day period before the resident's admission to the home. If a written health care appraisal is not available, a licensee shall require that the appraisal be obtained not later than 30 days after admission. A department form shall be used unless prior authorization for a substitute form has been granted in writing by the department.

FINDING: There was no Health Care Appraisal on record in the home for Resident B.

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.

FINDING: The last recorded weight on record in the home for Resident A was completed on 05/20/2019. There were no weight records on record in the home for Resident B.

A corrective action plan was requested and approved on 01/15/2020. 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

Upon resolution of Special Investigation # 2020A0578010, I recommend issuance of a regular license to this AFC adult family home, capacity of 5.



01/15/2020

Michele Streeter
Licensing Consultant

Date