



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

ORLENE HAWKS  
DIRECTOR

April 7, 2021

Debora Warner  
2775 Michigan Road  
Port Huron, MI 48060

RE: License #: AF740005649  
**Warner Adult Foster Care**  
**2775 Michigan Road**  
**Port Huron, MI 48060**

Dear Mrs. Warner:

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. 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 (248) 975-5053.

Sincerely,

A handwritten signature in cursive script that reads "Kristine Cilluffo".

Kristine Cilluffo, Licensing Consultant  
Bureau of Community and Health Systems  
4th Floor, Suite 4B  
51111 Woodward Avenue  
Pontiac, MI 48342  
(248) 285-1703



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

**I. IDENTIFYING INFORMATION**

<b>License #:</b>	AF740005649
<b>Licensee Name:</b>	Debora Warner
<b>Licensee Address:</b>	2775 Michigan Road Port Huron, MI 48060
<b>Licensee Telephone #:</b>	(810) 984-3247
<b>Licensee/Licensee Designee:</b>	Debora Warner
<b>Administrator:</b>	N/A
<b>Name of Facility:</b>	Warner Adult Foster Care
<b>Facility Address:</b>	2775 Michigan Road Port Huron, MI 48060
<b>Facility Telephone #:</b>	(810) 984-3247
<b>Original Issuance Date:</b>	01/25/1985
<b>Capacity:</b>	5
<b>Program Type:</b>	DEVELOPMENTALLY DISABLED

**II. METHODS OF INSPECTION**

Date of On-site Inspection(s): 04/07/2021

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 0

No. of others interviewed 0 Role: [REDACTED]

- Medication pass / simulated pass observed? Yes  No  If no, explain. Reviewed medication pass procedures with licensee.
- 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. Inspection did not occur during a meal preparation.
- 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: CAP date- 04/08/2019- AS407(2) 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 400.1405</b>	<b>Health of a licensee, responsible person, and member of the household.</b>
	<b>(3) A licensee shall provide the department with written evidence that he or she and each responsible person in the home is free from communicable tuberculosis. Verification shall be within the 3-year period before employment and verification shall occur every 3 years thereafter.</b>
Mr. and Mrs. Warner did not have current TB tests.	
<b>R 400.1407</b>	<b>Resident admission and discharge criteria; resident assessment plan; resident care agreement; house guidelines; fee schedule; physicians instructions; health care appraisal.</b>
	<p><b>(2) A licensee shall not accept or retain a resident for care unless and until a resident assessment plan is made and it is determined that the resident is suitable pursuant to the following provisions:</b></p> <p><b>(a) The amount of personal care, supervision, and protection required by the resident is available in the home.</b></p> <p><b>(b) The kinds of services and skills required of the home to meet the resident's needs are available in the home.</b></p> <p><b>(c) The resident appears to be compatible with other residents and members of the household.</b></p>
<p>Resident B did not have a current assessment plan on file. Last assessment plan in file was completed on 09/12/2014. Licensee will contact Resident B's case manager for copy of his most recent Individual Plan of Service.</p> <p><b>REPEAT VIOLATION ESTABLISHED. LSR dated 04/10/2019, CAP dated 04/08/2019</b></p>	
<b>R 400.1416</b>	<b>Resident health care.</b>
	<b>(4) A licensee shall make a reasonable attempt to contact the resident's next of kin, designated representative, and</b>

	responsible agency by telephone, followed by a written report to the resident's designated representative and responsible agency within 48 hours of the following: (b) Any accident or illness requiring hospitalization.
Resident C was hospitalized in February 2021. An incident report was not submitted to licensing. Resident C is no longer placed in the home.	
<b>R 400.1418</b>	<b>Resident medications.</b>
	(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.
During the onsite inspection, I observed that the insulin in the refrigerator was not kept in a locked location.	
<b>R 400.1421</b>	<b>Handling of resident funds and valuables.</b>
	(5) Except for trust fund accounts, a licensee shall not accept for safekeeping money and valuables exceeding a value of \$200.00 for any resident in the home. Trust fund accounts between the licensee and the resident are subject to a \$1,500.00 limitation.
Resident A and Resident B each had more than \$200.00 in cash in the home. Resident A had \$329.39 and Resident B had \$206.92.	

A corrective action plan was requested and approved on 04/07/2021. 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.

*Kristine Cilluffo*

04/07/2021

Kristine Cilluffo  
Licensing Consultant

Date