



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

ORLENE HAWKS
DIRECTOR

February 19, 2021

Michelle Showalter-Johnson
420 Russell Street
Leslie, MI 49251

RE: License #: AF330390402
Twin Pines AFC
420 Russell Street
Leslie, MI 49251

Dear Ms. Showalter-Johnson:

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 and special certification is renewed. It is valid only at your present address and is nontransferable.

Please contact me with any questions. If 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 "Derrick L. Britton".

Derrick Britton, Licensing Consultant
Bureau of Community and Health Systems
611 W. Ottawa Street
P.O. Box 30664
Lansing, MI 48909
(517) 284-9721

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

I. IDENTIFYING INFORMATION

License #:	AF330390402
Licensee Name:	Michelle Showalter-Johnson
Licensee Address:	420 Russell Street Leslie, MI 49251
Licensee Telephone #:	(517) 589-9362
Licensee/Licensee Designee:	Michelle Showalter-Johnson
Administrator:	N/A
Name of Facility:	Twin Pines AFC
Facility Address:	420 Russell Street Leslie, MI 49251
Facility Telephone #:	(517) 589-9362
Original Issuance Date:	08/24/2018
Capacity:	6
Program Type:	DEVELOPMENTALLY DISABLED
Certified Programs:	DEVELOPMENTALLY DISABLED

II. METHODS OF INSPECTION

Date of On-site Inspection: 02/10/2021

Date of Bureau of Fire Services Inspection if applicable: Not Applicable

Date of Health Authority Inspection if applicable: Not Applicable

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 6
No. of others interviewed 1 Role: Member of household

- 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.
Inspection did not occur during meal preparation/service.
- 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 incident reports.
- 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:

MCL 400.734 **400.734b. This amended section is effective January 9, 2009 except Section 734b(1)(e)(iv) after the word "or" which will not be effective until October 31, 2010.**

Employing or contracting with certain employees providing direct services to residents; prohibitions; criminal history check; exemptions; written consent and identification; conditional employment; use of criminal history record information; disclosure; failure to conduct criminal history check; automated fingerprint identification system database; report to legislature; costs; definitions.

Due to the length of this entire rule, including subrules, please use individual subrules or auto text.

Staff Shirley Drager requires an updated background check application/consent.

R 400.1405 **Health of a licensee, responsible person, and member of the household.**

(1) A licensee, responsible person, and a member of the household shall be in such physical and mental health so as not to negatively affect either the health of the resident or the quality of his or her care.

Licensee Michelle Showalter-Johnson and Member of Household Brandon Showalter require an updated health assessment.

R 400.1421 **Handling of resident funds and valuables.**

(3) A licensee shall have a resident's funds and valuables transaction form completed and on file for each resident. A department form shall be used unless prior authorization for a substitute form has been granted in writing by the department.

Licensee requires Resident Fund form to track AFC payments.

R 400.1438 Emergency preparedness; evacuation plan; emergency transportation.

(1) A licensee shall have an evacuation plan and written procedures to be followed in case of fire, medical emergency, or severe weather emergency. Residents who require special assistance shall be identified in the written procedure.

Licensee requires emergency/evacuation plan to include medical and weather emergencies.

IV. RECOMMENDATION

An acceptable corrective action plan has been received. Renewal of the license is recommended.



02/19/2021

Date

Licensing Consultant