



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

ORLENE HAWKS
DIRECTOR

March 26, 2021

William Sowle
Stoneridge AFC, LLC
12200 North Ave
Bellevue, MI 49021

RE: License #: AL080387768
Stoneridge AFC
4825 Fruin Rd
Bellevue, MI 49021

Dear Mr. Sowle:

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 current approval from Bureau of Fire Services, 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) 284-9730.

Sincerely,

A handwritten signature in cursive script that reads "Leslie Herrguth".

Leslie Herrguth, Licensing Consultant
Bureau of Community and Health Systems
611 W. Ottawa Street
P.O. Box 30664
Lansing, MI 48909
(517) 256-2181

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

I. IDENTIFYING INFORMATION

License #:	AL080387768
Licensee Name:	Stoneridge AFC, LLC
Licensee Address:	4825 Fruin Rd Bellevue, MI 49021
Licensee Telephone #:	(269) 758-3388
Licensee Designee:	William Sowle
Administrator:	William Sowle
Name of Facility:	Stoneridge AFC
Facility Address:	4825 Fruin Rd Bellevue, MI 49021
Facility Telephone #:	(269) 758-3388
Original Issuance Date:	10/16/2018
Capacity:	20
Program Type:	ALZHEIMERS AGED

II. METHODS OF INSPECTION

Date of On-site Inspection(s): 03/17/2021

Date of Bureau of Fire Services Inspection if applicable: Pending

Date of Health Authority Inspection if applicable: 12/28/2021

Inspection Type: ☐ Interview and Observation ☒ Worksheet
☐ Combination ☐ Full Fire Safety

No. of staff interviewed and/or observed 3

No. of residents interviewed and/or observed 15

No. of others interviewed 1 Role: licensee designee

- 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.
- 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:
4/4/19 for rules 204 (3)(b)(c), 205 (3), 205 (5), 208 (1) (e), 312 (4) (f), 318 (5) and
5/4/20 for rule 301 (10) and 5/3/19 for rule 303 (2) N/A ☐
- Number of excluded employees followed-up? N/A ☐
- Variances? Yes ☒ (please explain) No ☐ N/A ☐
Variance for rule 315 (3) requiring the use of Funds Form II to track residents'
monthly payment for AFC services granted 10/10/18

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

This facility was found to be in non-compliance with the following rules:

R 400.15203 Licensee and administrator training requirements.

(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:

(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.

At the time of the onsite inspection the licensee designee could not produce documentation of completion of 16 hours of annual training.

R 400.15205 Health of a licensee, direct care staff, administrator, other employees, those volunteers under the direction of the licensee, and members of the household.

(4) A licensee shall provide the department with written evidence that he or she and the administrator have been tested for communicable tuberculosis and that if the disease is present, appropriate precautions shall be taken. The results of subsequent testing shall be verified every 3 years thereafter.

At the time of the onsite inspection the licensee could not produce documentation that he was tested for communicable tuberculosis in the past three years.

R 400.15208 Direct care staff and employee records.

(1) A licensee shall maintain a record for each employee. The record shall contain all of the following employee information:

(e) Verification of experience, education, and training. Three of three employee records reviewed did not contain documentation that the employees were trained and competent in the required areas including the needs of the

residents in the home, resident rights, prevention and containment of communicable diseases, CPR, and medications.

REPEAT VIOLATION from licensing study report dated 3/27/19 and corrective action plan dated 4/3/19

R 400.15208

Direct care staff and employee records.

(1) A licensee shall maintain a record for each employee. The record shall contain all of the following employee information:

(f) Verification of reference checks.

Two of three employee records reviewed did not contain documentation that references were checked.

R 400.15301

Resident admission criteria; resident assessment plan; emergency admission; resident care agreement; physician's instructions; health care appraisal.

(4) At the time of admission, and at least annually, a written assessment plan shall be completed with the resident or the resident's designated representative, the responsible agency, if applicable, and the licensee. A licensee shall maintain a copy of the resident's written assessment plan on file in the home.

Two of six resident records reviewed did not contain documentation that the residents' written assessment plans were reviewed in the last year.

R 400.15301

Resident admission criteria; resident assessment plan; emergency admission; resident care agreement; physician's instructions; health care appraisal.

(9) A licensee shall review the written resident care agreement with the resident or the resident's designated representative and responsible agency, if applicable, at least annually or more often if necessary.

Three of six resident records reviewed did not contain documentation that the residents' resident care agreement was reviewed in the last year.

R 400.15306

Use of assistive devices.

(3) Therapeutic supports shall be authorized, in writing, by a licensed physician. The authorization shall state the reason for the therapeutic support and the term of the authorization.

Two of six resident records reviewed did not contain written authorization from the residents' physician(s) stating the reason for the therapeutic support and term of the authorization.

R 400.15316

Resident records.

(1)(a) Identifying information, including, at a minimum, all of the following:

(viii) Funeral provisions and preferences.

Two of six resident records reviewed did not contain documentation of the residents' funeral provisions and preferences.

IV. RECOMMENDATION

Contingent upon receipt of an acceptable corrective action plan and approval from Bureau of Fire Services, renewal of the license is recommended.



03/26/21

Leslie Herrguth
Licensing Consultant

Date