

GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS LANSING

ORLENE HAWKS DIRECTOR

January 7, 2021

Raul Presas Maplewood Group AFC, LLC PO Box 508 Eaton Rapids, MI 48827

RE: License #: AM230388711

Maplewood Group AFC LLC 11300 Columbia Hwy Eaton Rapids, MI 48827

Dear Mr. Presas:

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.

- Provide documentation of annual health reviews.
- Provide evidence of resident weights accomplished/recorded for February 2021.
- Provide evidence of 16 hours continuing education training for Paul Presas.

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 (517) 284-9730.

Sincerely,

Derrick Britton, Licensing Consultant

enie Z. Britter

Bureau of Community and Health Systems

611 W. Ottawa Street

P.O. Box 30664

Lansing, MI 48909

(517) 284-9721

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

I. IDENTIFYING INFORMATION

License #: AM230388711

Licensee Name: Maplewood Group AFC, LLC

Licensee Address: 11300 Columbia Hwy

Eaton Rapids, MI 48827

Licensee Telephone #: (517) 927-7996

Licensee/Licensee Designee: Raul Presas

Administrator: Paul Presas

Name of Facility: Maplewood Group AFC LLC

Facility Address: 11300 Columbia Hwy

Eaton Rapids, MI 48827

Facility Telephone #: (517) 927-7996

Original Issuance Date: 07/11/2018

Capacity: 10

Program Type: AGED

ALZHEIMERS

II. METHODS OF INSPECTION

Date of On-site Inspection: 01/06/2021			
Date of Bureau of Fire Services Inspection: 11/18/2020			
Date of Health Authority Inspection: 10/21/2020			
Insp	pection Type:	☐ Interview and Observatio☐ Combination	on ⊠ Worksheet □ Full Fire Safety
No.	of staff interviewed and/ of residents interviewed of others interviewed		4 6
•	Medication pass / simul	ated pass observed? Yes 🏾	☑ No ☐ If no, explain.
•	Medication(s) and medi	cation record(s) reviewed?	Yes ⊠ No □ If no, explain.
•	Resident funds and associated documents reviewed for at least one resident? Yes \boxtimes No \square If no, explain. Meal preparation / service observed? Yes \boxtimes No \square If no, explain.		
•	Fire drills reviewed? Yes ⊠ No □ If no, explain.		
•	Fire safety equipment a	nd practices observed? Yes	s ⊠ No □ If no, explain.
•	E-scores reviewed? (Special Certification Only) Yes \(\subseteq \text{No} \subseteq \text{N/A} \text{ \index} \) If no, explain. Water temperatures checked? Yes \(\subseteq \text{ No} \subseteq \text{ If no, explain.} \)		
•	Incident report follow-up? Yes ⊠ No □ If no, explain.		
•	Corrective action plan c N/A Number of excluded em	ompliance verified? Yes ⊠	CAP date/s and rule/s: N/A ⊠
•	Variances? Yes ☐ (ple	ease explain) No 🗌 N/A 🏻	

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

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

R 400.14203 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.
- (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.

Mr. Presas had no verification of 16 hours of training or 6 credits this period.

R 400.14205

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

(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.

Annual health reviews were not completed for direct care staff.

R 400.14310 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.

Monthly weight records were not completed for some residents who refused.

A corrective action plan was requested and approved on 01/06/2021. 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.

01/07/2021

Derrick Britton

Date

Licensing Consultant

Daniel Z. Britter