

GRETCHEN WHITMER GOVERNOR STATE OF MICHIGAN DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS LANSING

ORLENE HAWKS DIRECTOR

June 10, 2020

Melissa & Angel Suco PO Box 603 3680 Churchill Road Leslie, MI 49251

> RE: License #: AS330397180 Carolyn's Care Home 3680 Churchill Road Leslie, MI 49251

Dear Melissa & Angel Suco:

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 for menus*.

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,

erice Z. 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

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

I. IDENTIFYING INFORMATION

License #:	AS330397180
Licensee Name:	Melissa & Angel Suco
Licensee Address:	PO Box 603 3680 Churchill Road Leslie, MI 49251
Licensee Telephone #:	(646) 808-7393
Licensee/Licensee Designee:	Melissa & Angel Suco
Administrator:	Melissa & Angel Suco
Name of Facility:	Carolyn's Care Home
Facility Address:	3680 Churchill Road Leslie, MI 49251
Facility Telephone #:	(517) 589-9118
Original Issuance Date:	11/07/2019
Capacity:	6
Program Type:	DEVELOPMENTALLY DISABLED MENTALLY ILL

II. METHODS OF INSPECTION

Date of On-site Inspection: 06/05/2020

Date of Bureau of Fire Services Inspection if applicable: N/A

Date of Health Authority Inspection if applicable: 10/01/2019

Insp	pection Type:	Interview and Observation Combination	⊠ Worksheet □ Full Fire Safety
No.	of staff interviewed and of residents interviewed of others interviewed	-	2 4
•	Medication pass / simu	ılated pass observed? Yes $igtimes$	No 🗌 If no, explain.
•	Medication(s) and med	lication record(s) reviewed? Y	es 🖾 No 🗌 If no, explain.
•	Yes 🛛 No 🗌 If no, e	sociated documents reviewed xplain. ⁄ice observed? Yes 🛛 No 🗌	
•	Fire drills reviewed? Y	′es ⊠ No 🗌 If no, explain.	
•	Fire safety equipment	and practices observed? Yes	🛛 No 🗌 If no, explain.
•	If no, explain.	pecial Certification Only)Yes necked?Yes 🗌 No 🗌 If no,	
•	Incident report follow-u	ıp? Yes 🛛 No 🗌 If no, expla	in.
•	Corrective action plan	compliance verified? Yes 🗌 🤉	CAP date/s and rule/s:
•		mployees followed-up?	N/A 🖂
•	Variances? Yes 🗌 (pl	lease explain) No 🗌 N/A 🔀	

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

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

R 400.14313 Resident nutrition.

(4) Menus of regular diets shall be written at least 1 week in advance and posted. Any change or substitution shall be noted and considered as part of the original menu.

Menus were not complete in advance for the facility.

A corrective action plan was requested and approved on 06/09/2020. 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

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

Derice Z. Britter

12/29/2020

Derrick Britton Licensing Consultant

Date