



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

ORLENE HAWKS
DIRECTOR

February 18, 2021

Rhoda Byler
Kindy Care Center, Inc.
2041 Freeland Rd
Freeland, MI 48623

RE: License #:	AL560007264 Rhoda's House 2576 Brooks Rd Freeland, MI 48623
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Dear Ms. Byler:

Attached is the Renewal Licensing Study Report for the above referenced facility. 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, 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 (810) 787-7031.

Sincerely,

A handwritten signature in cursive script, appearing to read "Shamidah Wyden".

Shamidah Wyden, Licensing Consultant
Bureau of Community and Health Systems
411 Genesee
P.O. Box 5070
Saginaw, MI 48605
989-395-6853

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

I. IDENTIFYING INFORMATION

License #:	AL560007264
Licensee Name:	Kindy Care Center, Inc.
Licensee Address:	2041 Freeland Rd Freeland, MI 48623
Licensee Telephone #:	(989) 832-9748
Licensee Designee:	Rhoda Byler
Administrator:	Rhoda Byler
Name of Facility:	Rhoda's House
Facility Address:	2576 Brooks Rd Freeland, MI 48623
Facility Telephone #:	(989) 832-9748
Original Issuance Date:	05/15/1992
Capacity:	13
Program Type:	PHYSICALLY HANDICAPPED DEVELOPMENTALLY DISABLED MENTALLY ILL AGED

II. METHODS OF INSPECTION

Date of On-site Inspection(s): 02/11/2021

Date of Bureau of Fire Services Inspection if applicable: 12/11/2020

Date of Health Authority Inspection if applicable: 11/05/2020

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 9
No. of others interviewed 1 Role: Licensee Designee

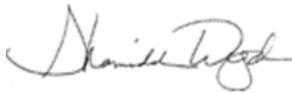
- Medication pass / simulated pass observed? Yes No If no, explain.
- Medication(s) and medication record(s) reviewed? Yes No If no, explain.
- Resident funds and associated documents reviewed for at least one resident? Yes No If no, explain.
- Meal preparation / service observed? Yes No If no, explain.
- 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.
There were no recent incident reports requiring follow-up.
- Corrective action plan compliance verified? Yes CAP date/s and rule/s:
02/15/2019 R318(5), R301(10), R205(3), R208(1)(i), R208(1)(e) N/A
- Number of excluded employees followed-up? N/A
- Variances? Yes (please explain) No N/A

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

This inspection was conducted virtually due to the COVID-19 pandemic. This facility was found to be in non-compliance with the following rules:	
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: (i) Required verification of the receipt of personnel policies and job descriptions.
At the time of inspection, there was no verification of the receipt of staff Patrina Miner's job description.	
REPEAT VIOLATION ESTABLISHED, LSR date: 02/22/2019, CAP date: 02/15/2019	

IV. RECOMMENDATION

Contingent upon receipt of an acceptable corrective action plan, renewal of the license is recommended.



02/18/2021

Shamidah Wyden
Licensing Consultant

Date