

GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS LANSING

ORLENE HAWKS DIRECTOR

July 27, 2021

Barbara & Albin Johnson 20936 20 Mile Rd Tustin, MI 49688

RE: License #: AF670005144

Johnson AFC Home 20936 20 Mile Road Tustin, MI 49688

Dear Barbara & Albin 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.

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. In the event that I am not available and you need to speak to someone immediately, you may contact the local office at (616) 356-0183.

Sincerely,

Matthew Soderquist, Licensing Consultant Bureau of Community and Health Systems 931 S Otsego Ave Ste 3 Gaylord, MI 49735

(989) 370-8320

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

I. IDENTIFYING INFORMATION

License #: AF670005144

Licensee Name: Barbara & Albin Johnson

Licensee Address: 20936 20 Mile Rd

Tustin, MI 49688

Licensee Telephone #: (231) 829-3378

Licensee/Licensee Designee: N/A

Administrator: N/A

Name of Facility: Johnson AFC Home

Facility Address: 20936 20 Mile Road

Tustin, MI 49688

Facility Telephone #: (231) 829-3378

Original Issuance Date: 11/01/1984

Capacity: 5

Program Type: DEVELOPMENTALLY DISABLED

Certified Programs: DEVELOPMENTALLY DISABLED

II. METHODS OF INSPECTION

Date	e of On-site Inspection(07/20/2021	
Date of Bureau of Fire Services Inspection if applicable: N/A			
Date of Health Authority Inspection if applicable: 04/19/202			04/19/2021
Inspection Type:		☐ Interview and Observation ☐ Combination	☐ Worksheet ☐ Full Fire Safety
No. of staff interviewed and/or observed No. of residents interviewed and/or observed No. of others interviewed Role:		2 2	
•	Medication pass / simu	ılated 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. No meal service during inspection. Observed kitchen and food onsite Fire drills reviewed? Yes No If no, explain.		
•	Fire safety equipment and practices observed? Yes \boxtimes No \square If no, explain.		
•	E-scores reviewed? (Special Certification Only) Yes No N/A In If no, explain. Water temperatures checked? Yes No If no, explain.		
•	Incident report follow-up? Yes ⊠ No □ If no, explain.		
•	N/A 🖂	compliance verified? Yes mployees followed-up?	CAP date/s and rule/s: 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 400.1418 Resident medications.

(7) Prescription medication which is no longer required by a resident shall be destroyed after consultation with a physician or a pharmacist.

Resident A PRN medication expired in 2015 and was not discarded.

On 7/20/2021 I conducted an exit conference with the licensees Albin and Barbara Johnson. They concurred with the findings of the inspection. A corrective action plan was requested and approved on 07/20/2021. 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 and special certification.

IV. RECOMMENDATION

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

Matthew Soderquist Date Licensing Consultant