

GRETCHEN WHITMER GOVERNOR

STATE OF MICHIGAN DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS LANSING

ORLENE HAWKS DIRECTOR

July 22, 2021

Mary Alexander
Mary James Washington/Alexander Group Homes, Inc.
826 7th street
Flint. MI 48503

RE: License #: AS250370484

Mary James Washington Alexander AFC

826 7th St Flint, MI 48503

Dear Ms. Alexander:

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.

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 (906) 226-4171.

Sincerely,

Christopher Holvey, Licensing Consultant

Christolin A. Holvey

Bureau of Community and Health Systems

611 W. Ottawa Street

P.O. Box 30664

Lansing, MI 48909

(517) 899-5659

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

I. IDENTIFYING INFORMATION

License #: AS250370484

Licensee Name: Mary James Washington/Alexander Group

Homes, Inc.

Licensee Address: 826 7th street

Flint, MI 48503

Licensee Telephone #: (810) 232-3961

Licensee/Licensee Designee: Mary Alexander, Designee

Administrator: Mary Alexander

Name of Facility: Mary James Washington Alexander AFC

Facility Address: 826 7th St

Flint, MI 48503

Facility Telephone #: (810) 309-7694

Original Issuance Date: 02/03/2015

Capacity: 6

Program Type: PHYSICALLY HANDICAPPED

DEVELOPMENTALLY DISABLED

MENTALLY ILL

AGED

II. METHODS OF INSPECTION

Date of Bureau of Fire Services Inspection if applicable: N/A Date of Health Authority Inspection if applicable: N/A Inspection Type:	Dat	e of On-site Inspection(s	07/21/2021			
Inspection Type: ☐ Interview and Observation ☐ Worksheet ☐ Combination ☐ Full Fire Safety No. of staff interviewed and/or observed	Date of Bureau of Fire Services Inspection if applicable: N/A			N/A		
Combination	Dat	Date of Health Authority Inspection if applicable: N/A				
 No. of residents interviewed and/or observed No. of others interviewed	Inspection Type:					
 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. Home was viewed to have an adeqaute food supply. 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: N/A ⋈ Number of excluded employees followed-up? N/A ⋈ 	No. of residents interviewed and/or observed		1 4			
 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. Home was viewed to have an adequate food supply. 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: N/A ⋈ Number of excluded employees followed-up? N/A ⋈ 	•	Medication pass / simulated pass observed? Yes $igtimes$ No $igcup$ If no, explain.				
 Yes ⋈ No ☐ If no, explain. Meal preparation / service observed? Yes ☐ No ⋈ If no, explain. Home was viewed to have an adeqaute food supply. 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: N/A ⋈ Number of excluded employees followed-up? N/A ⋈ 	•	Medication(s) and medication record(s) reviewed? 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: N/A ☐ Number of excluded employees followed-up? N/A ☐ 	•	Yes \boxtimes No \square If no, explain. Meal preparation / service observed? Yes \square No \boxtimes If no, explain. Home was viewed to have an adeqaute food supply.				
 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: N/A ⋈ Number of excluded employees followed-up? N/A ⋈ 	•	Fire safety equipment and practices observed? Yes $oximes$ No $oximes$ If no, explain.				
 Corrective action plan compliance verified? Yes ☐ CAP date/s and rule/s: N/A ☐ Number of excluded employees followed-up? N/A ☐ 	•	If no, explain.				
N/A ⊠ Number of excluded employees followed-up? N/A ⊠	•	Incident report follow-up? Yes ⊠ No □ If no, explain.				
• • • • • • • • •	•	N/A 🖂				
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III. DESCRIPTION OF FINDINGS & CONCLUSIONS

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

R 400.14403 Maintenance of premises.

(1) A home shall be constructed, arranged, and maintained to provide adequately for the health, safety, and well-being of occupants.

Home has one step leading to the second floor of the home that was loose and in need of repair.

R 400.14403 Maintenance of premises.

(11) Handrails and nonskid surfacing shall be installed in showers and bath areas.

The resident bathroom located on the second floor of the home is in need of having non-skid surfacing installed.

A corrective action plan was requested and approved on 07/21/2021. 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.

Christopher Holvey

Christopher Holvey

Licensing Consultant

Date