



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

ORLENE HAWKS  
DIRECTOR

August 24, 2021

Randell and Theresa Huston  
2479 Hadden  
Muskegon, MI 49441

RE: License #:	AF610395832 Glenside Manor AFC 2479 Hadden Muskegon, MI 49441
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Dear Theresa and Randell Huston:

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 submitted an acceptable Statement of Correction and will send documentation of compliance once completed.

Please contact me with any questions. If I am not available and you need to speak to someone immediately, you may contact the local office at (616) 356-0100.

Sincerely,

Elizabeth Elliott, Licensing Consultant  
Bureau of Community and Health Systems  
Unit 13, 7th Floor  
350 Ottawa, N.W.  
Grand Rapids, MI 49503  
(616) 901-0585



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

**I. IDENTIFYING INFORMATION**

<b>License #:</b>	AF610395832
<b>Licensee Name:</b>	Theresa Huston and Randell Huston
<b>Licensee Address:</b>	2479 Hadden Muskegon, MI 49441
<b>Licensee Telephone #:</b>	(231) 759-0453
<b>Licensee/Licensee Designee:</b>	N/A
<b>Administrator:</b>	N/A
<b>Name of Facility:</b>	Glenside Manor AFC
<b>Facility Address:</b>	2479 Hadden Muskegon, MI 49441
<b>Facility Telephone #:</b>	(231) 759-0453
<b>Original Issuance Date:</b>	02/11/2019
<b>Capacity:</b>	6
<b>Program Type:</b>	MENTALLY ILL AGED

**II. METHODS OF INSPECTION**

Date of On-site Inspection(s): 08/09/2021

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

Date of Health Authority Inspection if applicable: N/A

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 5  
No. of others interviewed 0 Role: Licensees

- Medication pass / simulated pass observed? Yes  No  If no, explain.  
At the time of the renewal inspection, medications were not being administered.
- 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.
- Corrective action plan compliance verified? Yes  CAP date/s and rule/s:  
N/A
- Number of excluded employees followed-up? N/A
- Variances? Yes  (please explain) No  N/A

### III. DESCRIPTION OF FINDINGS & CONCLUSIONS

This facility was found to be in non-compliance with the following rules:	
<b>R 400.1405</b>	<b>Health of a licensee, responsible person, and member of the household.</b>
	(3) A licensee shall provide the department with written evidence that he or she and each responsible person in the home is free from communicable tuberculosis. Verification shall be within the 3-year period before employment and verification shall occur every 3 years thereafter.
Findings: TB test with results for Licensees, Theresa and Randall Huston and Responsible Person, Erik Huston are overdue.  Licensee Response: Randall Huston stated as soon as they are able to get their TB tests with results updated, it will be completed.	
<b>R 400.1407</b>	<b>Resident admission and discharge criteria; resident assessment plan; resident care agreement; house guidelines; fee schedule; physicians instructions; health care appraisal.</b>
	(6) A licensee shall review the written resident care agreement with the resident or the resident's designated representative and responsible agency at least annually or more often if necessary.
Findings: The responsible agency signature is not completed for the Resident Care Agreements and Resident Assessment Plans.  Licensee Response: Randall Huston stated he will continue to work with HealthWest to sign the documents.	
<b>R 400.1421</b>	<b>Handling of resident funds and valuables.</b>
	(3) A licensee shall have a resident's funds and valuables transaction form completed and on file for each resident. A department form shall be used unless prior authorization for a substitute form has been granted in writing by the department.

Findings: Funds II forms are not included in resident files.	
Licensee Response: Randall Huston stated Funds II forms will be included in all resident files immediately.	
<b>R 400.1426</b>	<b>Maintenance of premises.</b>
	(1) The premises shall be maintained in a clean and safe condition.
Findings: General home maintenance, ceiling appears to have leaked and repair in the upstairs resident room is required.	
Licensee Response: Randall Huston pointed out the leak during our inspection and stated he was working on getting the leak fixed as soon as possible.	
<b>R 400.1438</b>	<b>Emergency preparedness; evacuation plan; emergency transportation.</b>
	(4) Fire drills shall be conducted 4 times a year. Two of the 4 required fire drills shall be conducted during sleeping hours. A record of the fire drills shall be incorporated with the evacuation plan.
Findings: 4 fire drills were conducted for 2019 and 2020 however, 2 sleeping fire drills were not conducted for either year.	
Licensee Response: Randall Huston stated 2 sleeping fire drills will be conducted each year.	

An Exit Conference was conducted with Licensees, Randall and Theresa Huston on 08/09/2021. A corrective action plan was requested and approved on 08/09/2021. 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

I recommend issuance of a 2-year regular adult foster care license.

*Elizabeth Elliott*

08/06/2021

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Licensing Consultant

Date