

GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS LANSING

ORLENE HAWKS DIRECTOR

September 1, 2021

Betty Beemon NBMC Compassionate Care Managed Services, LLC 705S 11th St Saginaw, MI 48601

RE: License #:	AS730406126
	NBMC Compassionate Care Adult Foster Care
	705 S 11th St
	Saginaw, MI 48601

Dear Ms. Beemon:

Attached is the Renewal Licensing Study Report for the facility referenced above. 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 (906) 226-4171.

Sincerely,

Shamidah Wyden, Licensing Consultant

Bureau of Community and Health Systems

411 Genesee

P.O. Box 5070

Saginaw, MI 48607

989-395-6853

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

I. IDENTIFYING INFORMATION

License #:	AS730406126
Licensee Name:	NBMC Compassionate Care Managed
	Services, LLC
I A . I . I	040.0 01
Licensee Address:	318 Carrington St
	Hutto, TX 78634
Licensee Telephone #:	989-401-6511
•	
Licensee Designee:	Betty Beemon
Administrator:	Tina Mata
N 6=	NDMO O
Name of Facility:	NBMC Compassionate Care Adult Foster
	Care
Facility Address:	705 S 11th St
	Saginaw, MI 48601
Facility Telephone #:	(989) 401-6511
Original Issuance Date:	03/22/2021
0	
Capacity:	5
Program Type:	PHYSICALLY HANDICAPPED
	ALZHEIMERS
	AGED
	AGED

II. METHODS OF INSPECTION

Date of On-site Inspection(s):		08/27/2021		
Date of E	Bureau of Fire Serv	rices Inspection if appl	licable:	N/A
Date of I	Health Authority Ins	spection if applicable:	N/A	
Inspection	on Type:	☐ Interview and Obs	servation	
No. of re	aff interviewed and sidents interviewed hers interviewed		e Design	1 2 ee
• Med	lication pass / simu	lated pass observed?	Yes 🖂	No ☐ If no, explain.
• Med	lication(s) and med	lication record(s) revie	wed? Y	es 🗵 No 🗌 If no, explain
Yes	No □ If no, e			for at least one resident? If no, explain.
• Fire	drills reviewed? Y	es 🛛 No 🗌 If no, ex	xplain.	
• Fire	safety equipment	and practices observe	d? Yes	⊠ No □ If no, explain.
If no	o, explain.	pecial Certification Or ecked? Yes ⊠ No [• ,	
The Cori	re were no recent i rective action plan N/A ⊠	·	ng follow Yes 🗌 (/-up. CAP date/s and rule/s:
• Nun	nber of excluded er	nployees followed-up'	?	N/A 🔀
Vari	ances? Yes 🗌 (pl	ease explain) No 🗌	N/A 🖂	

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

This facility was found to be in non-compliance with the following rules:	
MCL 400.734b	Employing or contracting with certain employees providing direct services to residents; prohibitions; criminal history check; exemptions; written consent and identification; conditional employment; use of criminal history record information; disclosure; failure to conduct criminal history check; automated fingerprint identification system database; report to legislature; costs; definitions.
	(2) Except as otherwise provided in this subsection or subsection (6), an adult foster care facility shall not employ or independently contract with an individual who has direct access to residents until the adult foster care facility or staffing agency has conducted a criminal history check in compliance with this section or has received criminal history record information in compliance with subsections (3) and (11). This subsection and subsection (1) do not apply to an individual who is employed by or under contract to an adult foster care facility before April 1, 2006. On or before April 1, 2011, an individual who is exempt under this subsection and who has not been the subject of a criminal history check conducted in compliance with this section shall provide the department of state police a set of fingerprints and the department of state police shall input those fingerprints into the automated fingerprint identification system database established under subsection (14). An individual who is exempt under this subsection is not limited to working within the adult foster care facility with which he or she is employed by or under independent contract with on April 1, 2006 but may transfer to another adult foster care facility, mental health facility, or covered health facility. If an individual who is exempt under this subsection is subsequently convicted of a crime or offense described under subsection (1)(a) to (g) or found to be the subject of a substantiated finding described under subsection (1)(i) or an order or disposition described under subsection (1)(h), or is found to have been convicted of a relevant crime described under 42 USC 1320a-7(a), he or she is no longer exempt and shall be terminated from employment or denied employment.

for staff.	spection, there was no criminal history check documentation on file
R 400.14208	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: (f) Verification of reference checks.
At the time of ins staff Roy Siler.	spection, there was no verification of reference checks on file for
R 400.14204	Direct care staff; qualifications and training.
	(3) A licensee or administrator shall provide in-service training or make training available through other sources to direct care staff. Direct care staff shall be competent before performing assigned tasks, which shall include being competent in all of the following areas: (c) Cardiopulmonary resuscitation.
At the time of ins	pection, there was no CPR training on file for staff Roy Siler.
R 400.14208	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: (e)Verification of experience, education, and training.
At the time of ins file.	spection, there was no verification of education for staff Roy Siler on
R 400.14318	Emergency preparedness; evacuation plan; emergency transportation.
	(3) A telephone shall be available and accessible in a home Emergency telephone numbers shall, at a minimum, include fire, police, and medical emergency services and shall be conspicuously posted immediately adjacent to telephones.
At the time of ins	spection, emergency phone numbers were not posted.
R 400.14319	Resident transportation.
	When a home provides transportation for a resident, the licensee shall assure all of the following: (b) That a vehicle carries a basic first aid kit.

At the time of ins kit.	pection, the facility's vehicle was not equipped with a basic first aid
R 400.14401	Environmental health.
	(2) Hot and cold running water that is under pressure shall be provided. A licensee shall maintain the hot water temperature for a resident's use at a range of 105 degrees Fahrenheit to 120 degrees Fahrenheit at the faucet.
At the time of ins degrees Fahrenh	pection, the water temperature was not in the range of 105 and 120 leit.
R 400.14402	Food service.
	(3) All perishable food shall be stored at temperatures that will protect against spoilage. All potentially hazardous food shall be kept at safe temperatures. This means that all cold foods are to be kept cold, 40 degrees Fahrenheit or below, and that all hot foods are to be kept hot, 140 degrees Fahrenheit or above, except during periods that are necessary for preparation and service. Refrigerators and freezers shall be equipped with approved thermometers.
At the time of ins thermometer.	pection, the freezer in the garage was not equipped with a

IV. RECOMMENDATION

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

Shamidah Wyden Date Licensing Consultant