



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

ORLENE HAWKS  
DIRECTOR

June 28, 2021

Felton Lewis, III  
182 W Manchester  
Battle Creek, MI 49017

RE: License #: AF130064787  
**Pioneer Manor**  
**182 W Manchester**  
**Battle Creek, MI 49017**

Dear Mr. Lewis, III:

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 the following items by Monday, August 2:**

- **A copy of completed Resident Funds I forms for all residents residing in the home.**
- **Written verification you have been tested and are free from TB.**

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 (517) 284-9730.

Sincerely,

A handwritten signature in blue ink that reads "Michele Streeter".

Michele Streeter, Licensing Consultant  
Bureau of Community and Health Systems  
611 W. Ottawa Street  
P.O. Box 30664  
Lansing, MI 48909  
(269) 251-9037

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

**I. IDENTIFYING INFORMATION**

<b>License #:</b>	AF130064787
<b>Licensee Name:</b>	Felton Lewis, III
<b>Licensee Address:</b>	182 W Manchester Battle Creek, MI 49017
<b>Licensee Telephone #:</b>	(269) 965-6728
<b>Licensee Designee:</b>	N/A
<b>Administrator:</b>	N/A
<b>Name of Facility:</b>	Pioneer Manor
<b>Facility Address:</b>	182 W Manchester Battle Creek, MI 49017
<b>Facility Telephone #:</b>	(269) 965-6728
<b>Original Issuance Date:</b>	05/02/1995
<b>Capacity:</b>	6
<b>Program Type:</b>	DEVELOPMENTALLY DISABLED MENTALLY ILL

## II. METHODS OF INSPECTION

Date of On-site Inspection(s): 06/28/2021

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 1  
No. of residents interviewed and/or observed 4  
No. of others interviewed [REDACTED] Role: [REDACTED]

- 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. No resident funds held in trust.
- Meal preparation / service observed? Yes  No  If no, explain.  
No meal prepared at the time of inspection.
- 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:  
CAP Date 06/20/2019; af407(5)(6), af421(3) 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:

**R 400.1405                      Health of a licensee, responsible person, and member of the household.**

(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.

***FINDING: The licensee was unable to provide the department with written verification he was tested for and free from TB within the past three years.***

**R 400.1421                      Handling of resident funds and valuables.**

(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.

***FINDING: The licensee did not complete a Resident Funds I form for Residents A, B, C, and D.***

***REPEAT FINDING: The licensee is not tracking monthly AFC payments received on a separate Residents Funds II form for Residents A, B, C, and D.***

A corrective action plan was requested and approved on 06/28/2021. 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.

*Michele Struter*

06/28/2021

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Licensing Consultant

Date