

GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS LANSING

ORLENE HAWKS DIRECTOR

September 30, 2021

Virgil Yarbrough Yarbrough AFC II Inc P O Box 19734 Detroit, MI 48219

RE: License #: AS820382715

Yarbrough AFC II 15226 Beechdaly Taylor, MI 48180

Dear Mr. Yarbrough:

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 (313) 456-0380.

Sincerely,

Denasha Walker, Licensing Consultant Bureau of Community and Health Systems Cadillac Pl. Ste 9-100 3026 W. Grand Blvd Detroit, MI 48202

(313) 300-9922

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

I. IDENTIFYING INFORMATION

License #: AS820382715

Licensee Name: Yarbrough AFC II Inc

Licensee Address: 15226 Beechdaly

Taylor, MI 48180

Licensee Telephone #: (734) 941-7355

Licensee/Licensee Designee: Virgil Yarbrough

Administrator: Virgil Yarbrough

Name of Facility: Yarbrough AFC II

Facility Address: 15226 Beechdaly

Taylor, MI 48180

Facility Telephone #: (734) 941-7355

Original Issuance Date: 04/05/2017

Capacity: 5

Program Type: DEVELOPMENTALLY DISABLED

MENTALLY ILL

II. METHODS OF INSPECTION

Pate of On-site Inspection(s):		09/30/2021		
Date of Bureau of Fire Serv	vices Inspection if appl	icable:		
Date of Health Authority Ins	spection if applicable:			
Inspection Type:	☐ Interview and Obs	servation 🔀 Worksheet Full Fire Safety		
No. of staff interviewed and No. of residents interviewed No. of others interviewed		2 1 nager		
Due to Covid-19 expos	sure a virtual inspectio	Yes ☐ No ☑ If no, explain. on was completed. wed? Yes ☑ No ☐ If no, explain		
Yes 🛛 No 🗌 If no, e	xplain. vice observed? Yes sure a virtual inspectio	•		
• Fire safety equipment and practices observed? Yes ⊠ No ☐ If no, explain.				
 E-scores reviewed? (S If no, explain. Water temperatures ch Due to Covid-19 expos Incident report follow-u 	· necked? Yes	on was completed.		
 Corrective action plan CAP Dated 9/26/2019 Number of excluded er 	R 330.1803, R 400.14	<u>—</u>		
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 400.14301

Resident admission criteria; resident assessment plan; emergency admission; resident care agreement; physician's instructions; health care appraisal.

(10) At the time of the resident's admission to the home, a licensee shall require that the resident or the resident's designated representative provide a written health care appraisal that is completed within the 90-day period before the resident's admission to the home. A written health care appraisal shall be completed at least annually. If a written health care appraisal is not available at the time of an emergency admission, a licensee shall require that the appraisal be obtained not later than 30 days after admission. A department health care appraisal form shall be used unless prior authorization for a substitute form has been granted, in writing, by the department.

At the time of inspection:

- Resident A's file did not contain a health care appraisal within 30 days of admission. He was admitted on 8/27/2019, as an emergency admission; his health care appraisal was dated 10/30/2019.
- •Resident B's file did not contain an annual 2020 health care appraisal.

R 400.14301

Resident admission criteria; resident assessment plan; emergency admission; resident care agreement; physician's instructions; health care appraisal.

(9) A licensee shall review the written resident care agreement with the resident or the resident's designated representative and responsible agency, if applicable, at least annually or more often if necessary.

At the time of inspection, Resident A's file did not contain a 2019 resident care agreement.

R 400.14315 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. At the time of admission, Resident A's file did not contain a completed resident funds and valuables part II transaction form.

R 400.14403 Maintenance of premises.

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

At the time of inspection, the resident's bathroom on the main level was not equipped with a handrail in the shower and bath area.

R 400.14403 Maintenance of premises.

(2) Home furnishings and housekeeping standards shall present a comfortable, clean, and orderly appearance.

At the time of inspection, the resident's bathroom door on the second level was not in good repair.

R 400.14511 Flame-producing equipment; enclosures.

(2) Heating plants and other flame-producing equipment located on the same level as the residents shall be enclosed in a room that is constructed of material which has a 1-hour-fire resistance rating, and the door shall be made of 1 3/4-inch solid core wood. The door shall be hung in a fully stopped wood or steel frame and shall be equipped with an automatic self-closing device and positive-latching hardware.

At the time of inspection, the fire door was not equipped with positive-latching hardware.

IV. RECOMMENDATION

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

alde	9/30/2021	
Licensing Consultant		Date