GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

ORLENE HAWKS
DIRECTOR

September 24, 2021

Rebecca Forbes
130 45th Street
Bloomingdale, MI 49026

RE: License #: AS800336566
True Blue AFC
42124 38th Avenue
Paw Paw, MI 49079

Dear Ms. Forbes:

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 (517) 284-9730.

Sincerely,

Cathy Cushman, Licensing Consultant
Bureau of Community and Health Systems
611 W. Ottawa Street
P.O. Box 30664
Lansing, MI 48909
(269) 615-5190

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

I. IDENTIFYING INFORMATION

License #:	AS800336566
Licensee Name:	Rebecca Forbes
Licensee Address:	130 45th Street Bloomingdale, MI 49026
Licensee Telephone #:	(269) 521-4500
Licensee Designee:	N/A
Administrator:	Ben Kelly
Name of Facility:	True Blue AFC
Facility Address:	42124 38th Avenue Paw Paw, MI 49079
Facility Telephone #:	(269) 415-0014
Original Issuance Date:	02/19/2013
Capacity:	6
Program Type:	DEVELOPMENTALLY DISABLED MENTALLY ILL TRAUMATICALLY BRAIN INJURED

II. METHODS OF INSPECTION

Date of On-site Inspection(s): 09/22/2021

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

Date of Health Authority Inspection if applicable: 06/10/2021

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 3
No. of others interviewed 2 Role: manager and HR

- 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.
- Meal preparation / service observed? Yes ☐ No ☒ If no, explain.
  On-site did not take place during a meal time; however, food was observed in the facility.
- 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:

R 330.1803 **Facility environment; fire safety.**

(1) A facility that has a capacity of 4 to 6 clients shall be equipped with an interconnected multi-station smoke detection system which is powered by the household electrical service and which, when activated, initiates an alarm that is audible in all areas of the home. The smoke detection system shall be installed on all levels, including basements, common activity areas, and outside each sleeping area, but excluding crawl spaces and unfinished attics, so as to provide full coverage of the home. The system shall include a battery backup to assure that the system is operable if there is an electrical power failure and accommodate the sensory impairments of clients living in the facility, if needed. A fire safety system shall be installed in accordance with the manufacturer's instructions by a licensed electrical contractor and inspected annually. A record of the inspections shall be maintained at the facility.

FINDING: Facility staff could not provide documentation confirming the smoke detection system had been serviced on an annual basis, as required. Documentation was provided confirming the fire extinguishers had been serviced.

R 330.1803 **Facility environment; fire safety.**

(3) A facility that has a capacity of 4 or more clients shall conduct and document fire drills at least once during daytime, evening, and sleeping hours during every 3 month period.

FINDING: Documentation provided by the facility indicated fire drills had not been conducted at the facility since August 2019, which was confirmed by the facility's home manager, Jane Comey.

R 400.14205 **Health of a licensee, direct care staff, administrator, other employees, those volunteers under the direction of the licensee, and members of the household.**

(3) A licensee shall maintain, in the home, and make available for department review, a statement that is signed by a licensed physician or his or her designee attesting to the knowledge of the physical health of direct care staff, other employees, and members of the household. The statement shall be obtained within 30 days of an individual's employment, assumption of duties, or occupancy in the home.

FINDING: Two staff, who had been hired by the license within the last 6 months, did not have verification they had initial medicals completed within 30 days of employment, as required.

This is a REPEAT VIOLATION. According to Renewal Licensing Study Report, dated 09/16/2019, the facility did not have verification of initial medicals for two staff. The facility submitted a Corrective Action Plan, dated 09/23/2019, indicating they added medical clearances to their automated software to receive notifications on staff compliance.

R 400.14205 **Health of a licensee, direct care staff, administrator, other employees, those volunteers under the direction of the licensee, and members of the household.**

(5) A licensee shall obtain written evidence, which shall be available for department review, that each direct care staff, other employees, and members of the household have been tested for communicable tuberculosis and that if the disease is present, appropriate precautions shall be taken as required by state law. Current testing shall be obtained before an individual's employment, assumption of duties, or occupancy in the home. The results of subsequent testing shall be verified every 3 years thereafter or more frequently if necessary.

FINDING: Two staff, who had been hired by the license within the last 6 months, did not have verification a TB test was current at hire. Two additional staff, Brandy Rayborn and Anthony Bontrager, also did not have verification of a current TB test.

This is a REPEAT VIOLATION. According to Renewal Licensing Study Report, dated 09/16/2019, the facility did not have verification of TB tests for two staff. The facility submitted a Corrective Action Plan, dated 09/23/2019, indicating they added TB skin tests to their automated software to receive notifications on staff compliance.

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.

FINDING: One staff, Nichole Brunn, who had been hired by the license within the last 6 months, did not have verification of reference checks. Two additional staff, Brandy Rayborn and Anthony Bontrager, who were hired over a year ago also did not have verification of reference checks.

R 400.14210 Resident register.

A licensee shall maintain a chronological register of residents who are admitted to the home. The register shall include all of the following information for each resident:

(a) Date of admission.

(b) Date of discharge.

(c) Place and address to which the resident moved, if known.

FINDING: A resident register was not available for review during the renewal inspection.

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.

FINDING: Resident A did not have a *Health Care Appraisal* in his resident file for review, as required. The *Health Care Appraisal* in Resident B's resident file was dated, 7/28/2020, making it outdated and not completed on an annual basis, as required.

This is a REPEAT VIOLATION. According to Renewal Licensing Study Report, dated 09/16/2019, the facility had outdated *Health Care Appraisals* for two residents. The facility submitted a Corrective Action Plan, dated 09/23/2019, indicating medical appointments were made for the two residents to bring the *Health Care Appraisals* up to date. The CAP also indicated the facility was in the process of hiring a new home manager whose duty would be to monitor resident *Health Care Appraisals* are being completed on annual basis.

R 400.14301 **Resident admission criteria; resident assessment plan; emergency admission; resident care agreement; physician's instructions; health care appraisal.**

(4) At the time of admission, and at least annually, a written assessment plan shall be completed with the resident or the resident's designated representative, the responsible agency, if applicable, and the licensee. A licensee shall maintain a copy of the resident's written assessment plan on file in the home.

FINDING: Resident B's and Resident E's *Assessment Plans for AFC Residents* were dated, 07/29/2020 and 03/13/2020, respectively, making them outdated and not completed on an annual basis, as required.

This is a REPEAT VIOLATION. According to Renewal Licensing Study Report, dated 09/16/2019, the facility had outdated *Assessment Plans for AFC Residents* for the facility's two residents. The facility submitted a Corrective Action Plan, dated 09/23/2019, indicating the assessment plans had been sent to the resident's respective guardians for review and signature. The CAP also indicated the facility was in the process of hiring a new home manager whose duty would be to monitor resident *Assessment Plans for AFC Residents* are being completed on annual basis.

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.

FINDING: There were no *Resident Care Agreements* in Resident A's, Resident C's and Resident D's resident files for review, as required.

Resident B's and Resident E's *Resident Care Agreements* were dated 07/29/2020 and 03/13/2020, respectively, making them outdated. There was no indication these documents were reviewed on an annual basis, as required.

This is a REPEAT VIOLATION. According to Renewal Licensing Study Report, dated 09/16/2019, the facility had outdated *Resident Care Agreements* for the facility's two residents. The facility submitted a Corrective Action Plan, dated 09/23/2019, indicating the *Resident Care Agreements* had been sent to the resident's respective guardians for review and signature. The CAP also indicated the facility was in the process of hiring a new home manager whose duty would be to monitor *Resident Care Agreements* are being reviewed and completed on annual basis.

R 400.14310 Resident health care.

(3) A licensee shall record the weight of a resident upon admission and monthly thereafter. Weight records shall be kept on file for 2 years.

FINDING: Resident D did not have monthly weight records recorded since 01/2021. Resident E had monthly weight records recorded on 02/2020, 09/2020, 01/2021, and 09/2021, indicating his weight wasn't being recorded monthly, as required.

R 400.14315 Handling of resident funds and valuables.

(13) A licensee shall provide a complete accounting, on an annual basis and upon request, of all resident funds and valuables which are held in trust and in bank accounts or which are paid to the home, to the resident, or to his or her designated representative. The accounting of a resident's funds and valuables which are held in trust or which are paid to the home shall also be provided, upon the resident's or designated representative's request, not more than 5 banking days after the request and at the time of the resident's discharge from the home.

FINDING: The facility is holding in trust, resident gift cards; however, the gift card expenses are not being logged on *Resident Funds II* forms to ensure proper accounting. Corresponding receipts should also be kept ensuring the expenditures correspond to any charges made using the gift cards.

Additionally, the balances on Resident C's and Resident D's *Resident Funds II* forms did not match the cash on hand in the facility. Resident C's Resident Funds II form indicated he had $160 in cash; however, after I counted the funds there was only $150 available.

Resident D's Resident Funds II form indicated he had $41 in cash; however, I counted only $9 on hand in the facility.

The incorrect amounts would indicate facility staff are not ensuring proper accounting of resident's cash being kept at the facility, as required.

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.

FINDING: Resident A and Resident C did not have completed *Resident Funds I* forms in their resident file for review, as required.

Additionally, Adult Foster Care payments received for each resident was not being documented on the *Resident Funds II* forms, as required.

This is a REPEAT VIOLATION. According to Renewal Licensing Study Report, dated 09/16/2019, the facility was not using *Resident Funds II* forms to document

resident Adult Foster Care payments. The facility submitted a Corrective Action Plan, dated 09/23/2019, indicating the *Resident Funds II* forms were added to a book that would be kept in the facility.

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.

FINDING: In the resident bathroom, I observed the top of the toilet tank to be missing; subsequently exposing the toilet water and tank parts. Staff at the facility indicated the top had been broken for approximately one week.

This is a REPEAT VIOLATION. According to Renewal Licensing Study Report, dated 09/16/2019, the facility's dryer vent wasn't vented with a hard metal duct. The facility submitted a Corrective Action Plan, dated 09/23/2019, indicating the plastic duct had been replaced with a metal duct.

R 400.14403 Maintenance of premises.

(5) Floors, walls, and ceilings shall be finished so as to be easily cleanable and shall be kept clean and in good repair.

FINDING: The facility was remodeled and therefore, had new dry wall up; however, the facility has not painted the drywall. Drywall, without being painted, can make it difficult protecting the walls and prevent them from being easily cleanable.

R 400.14507 Means of egress generally.

(6) Occupied room door hardware shall be equipped with positive-latching, non-locking-against-egress hardware.

FINDING: Resident D's bedroom door was locking against egress.

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.

FINDING: The facility's fire door to the furnace room did not automatically self-close.

IV. RECOMMENDATION

Contingent upon receipt of an acceptable corrective action plan and the submission of the facility's renewal application and fee, renewal of the license is recommended.

09/24/2021

_____

Date

Licensing Consultant