



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

ORLENE HAWKS
DIRECTOR

October 15, 2021

Sheri Loomis
Great Lakes Regional Care, Inc.
P.O. Box 2738
Kalamazoo, MI 49003

RE: License #: AS130081006
Great Lakes Reg Care #5
126 North Division
Battle Creek, MI 49017

Dear Mrs. Loomis:

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. ***Implementation and compliance with your corrective action plan regarding violation of rules 401(8) and 510(2) will be verified at your next onsite inspection To verify your implementation and compliance with this corrective action plan regarding violation of rule 205(6), you are to submit the following by 12/01/2021:***

- ***A copy of an annual health review for employee Sherry Cruz.***

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,

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

License #:	AS130081006
Licensee Name:	Great Lakes Regional Care, Inc.
Licensee Address:	P.O. Box 2738 Kalamazoo, MI 49003
Licensee Telephone #:	(269) 270-8305
Licensee Designee:	Sheri Loomis
Administrator:	Sheri Loomis
Name of Facility:	Great Lakes Reg Care #5
Facility Address:	126 North Division Battle Creek, MI 49017
Facility Telephone #:	(269) 964-8180
Original Issuance Date:	07/20/1998
Capacity:	6
Program Type:	DEVELOPMENTALLY DISABLED MENTALLY ILL AGED
Certified Programs:	DEVELOPMENTALLY DISABLED MENTALLY ILL

II. METHODS OF INSPECTION

Date of On-site Inspection(s): 10/11/2021

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 2

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.
- 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 dated 10/16/2019 for rules 205(3), 208(1)©, 301(4), and 301(6) N/A ☐
- Number of excluded employees followed-up? N/A ☒
- Variances? Yes ☒ (please explain) No ☐ N/A ☐
315(3), 304(1)(b), 304(2) remain in place.

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

This facility was found to be in non-compliance with the following rules:

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.

(6) A licensee shall annually review the health status of the administrator, direct care staff, other employees, and members of the household. Verification of annual reviews shall be maintained by the home and shall be available for department review.

FINDING: Employee Sherry Cruz' annual health review expired on 04/13/2020.

R 400.14401 Environmental health.

(8) Hand-washing facilities that are provided in both the kitchen and bathroom areas shall include hot and cold water, soap, and individual towels, preferably paper towels.

FINDING: There were no individual towels in the resident bathrooms located in bedroom #s 4 and 6.

R 400.14510 Heating equipment generally.

(2) A furnace, water heater, heating appliances, pipes, wood-burning stoves and furnaces, and other flame-or heat producing equipment shall be installed in a fixed or permanent manner and in accordance with a manufacturer's instructions and shall be maintained in a safe condition.

FINDING: The vent attached to the facility's dryer is made of "accordion-type" foil material and must be replaced with a rigid duct or corrugated semi-rigid metal duct.

A corrective action plan was requested and approved on 10/11/2021. 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 and special certification.

IV. RECOMMENDATION

I recommend issuance of a two-year regular adult foster care license and special certification for the mentally ill and developmentally disabled population.



10/15/2021

Michele Streeter
Licensing Consultant

Date