

GRETCHEN WHITMER GOVERNOR

# STATE OF MICHIGAN DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS LANSING

ORLENE HAWKS DIRECTOR

April 14, 2021

Deborah Williams Farleigh's Senior Care Home Inc P.O. Box 34 Climax, MI 49034

RE: License #: AS130404321

Michigan House

1275 E. Michigan Ave. Battle Creek, MI 49014

Dear Mrs. Williams:

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:

 Licensee will document evacuation times on the fire drill logs and will be verified by AFC licensing consultant at the next on-site inspection.

The study has determined substantial compliance with applicable licensing statutes and administrative rules. Therefore, your license is renewed. It is valid only at your present address and is nontransferable.

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,

Nile Khabeiry, Licensing Consultant

We Khaberry, LMSW

Bureau of Community and Health Systems

611 W. Ottawa Street

P.O. Box 30664

Lansing, MI 48909

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

### I. IDENTIFYING INFORMATION

**License #:** AS130404321

**Licensee Name:** Farleigh's Senior Care Home Inc

**Licensee Address:** 335-359 Morgan Road

Battle Creek, MI 49037

**Licensee Telephone #:** (269) 969-9530

Licensee Designee: Deborah Williams

Administrator: Deborah Williams

Name of Facility: Michigan House

**Facility Address:** 1275 E. Michigan Ave.

Battle Creek, MI 49014

**Facility Telephone #:** (269) 420-3913

Original Issuance Date: 10/23/2020

Capacity: 6

Program Type: AGED

# **II. METHODS OF INSPECTION**

| 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  No. of residents interviewed and/or observed  No. of others interviewed  Role:  |
| <ul> <li>Medication pass / simulated pass observed? Yes ☐ No ☒ If no, explain.         On-site inspection occurred inbetween medication passing.</li> <li>Medication(s) and medication record(s) reviewed? Yes ☒ No ☐ If no, explain</li> </ul>   |
| <ul> <li>Resident funds and associated documents reviewed for at least one resident? Yes ⋈ No ☐ If no, explain.</li> <li>Meal preparation / service observed? Yes ☐ No ⋈ If no, explain. On-site inspection occurred between meal times.</li> <li>Fire drills reviewed? Yes ⋈ No ☐ If no, explain.</li> </ul> |
| • Fire safety equipment and practices observed? Yes ⊠ No ☐ If no, explain.  |
| <ul> <li>E-scores reviewed? (Special Certification Only) Yes ⋈ No ⋈ N/A ⋈ If no, explain.</li> <li>Water temperatures checked? Yes ⋈ No ⋈ If no, explain.</li> </ul>  |
| Incident report follow-up? Yes ⊠ No □ If no, explain.   |
| <ul> <li>Corrective action plan compliance verified? Yes ☐ CAP date/s and rule/s:         N/A ☒</li> <li>Number of excluded employees followed-up? 5 N/A ☐</li> </ul>   |
| 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 400.14209 Home records; generally.

(1) A licensee shall keep, maintain, and make available for department review, all the following home records:

(k) Fire drill records.

**FINDING:** Upon review of the fire drill log the licensee did not document the evacuation times for the months of February 2021 and March 2021.

#### **RECOMMENDATION:**

An acceptable corrective action plan has been received. Renewal of the license is recommended.

Nile Khabeiry Date
Licensing Consultant

Approved:

Dawn Jimm

O4/14/2021

Dawn Timm

Area Manager