

GRETCHEN WHITMER GOVERNOR

## STATE OF MICHIGAN DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS LANSING

ORLENE HAWKS DIRECTOR

**September 14, 2021** 

Tammy Taylor AND Kerigan Taylor 2313 E. Lake Rd. Clio, MI 48420

RE: License #: AS250397086

Taylor Lodge 11381 Liberty St. Clio, MI 48420

Dear Tammy Taylor AND Kerigan Taylor:

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, an on-site inspection will be conducted at a later date.

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. If I am not available, and you need to speak to someone immediately, you may contact the local office at (517) 284-9730.

Sincerely,

Derrick Britton, Licensing Consultant

Bureau of Community and Health Systems

611 W. Ottawa Street

P.O. Box 30664

Lansing, MI 48909

(517) 284-9721

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

## I. IDENTIFYING INFORMATION

**License #:** AS250397086

**Licensee Name:** Tammy Taylor AND Kerigan Taylor

**Licensee Address:** 2313 E. Lake Rd.

Clio, MI 48420

**Licensee Telephone #:** (810) 287-6370

**Licensee/Licensee Designee:** Tammy Taylor AND Kerigan Taylor

Administrator: Kerigan Taylor

Name of Facility: Taylor Lodge

Facility Address: 11381 Liberty St.

Clio, MI 48420

**Facility Telephone #:** (810) 547-7122

Original Issuance Date: 03/28/2019

Capacity: 6

Program Type: AGED

## **II. METHODS OF INSPECTION**

Date of On-site Inspections: 09/14/2021	
Date of Bureau of Fire Services Inspection if applicable: Not Applicable	
Date of Health Authority Inspection if applicable: Not Applicable	
Insp	pection 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  O Role:	
•	Medication pass / simulated pass observed? Yes $igtimes$ No $igcap$ 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 $\boxtimes$ No $\square$ If no, explain.  Meal preparation / service observed? Yes $\square$ No $\boxtimes$ If no, explain.  Inspection did not occur during meal preparation/service.  Fire drills reviewed? Yes $\boxtimes$ No $\square$ If no, explain.
•	Fire safety equipment and practices observed? Yes $igtimes$ No $igcup$ If no, explain.
•	E-scores reviewed? (Special Certification Only) Yes \( \subseteq \text{No} \subseteq \text{N/A} \subseteq \text{If no, explain.} \) Water temperatures checked? Yes \( \subseteq \text{No} \subseteq \text{If no, explain.} \)
•	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 400.14318 Emergency preparedness; evacuation plan; emergency transportation.

(5) A licensee shall practice emergency and evacuation procedures during daytime, evening, and sleeping hours at least once per quarter. A record of the practices shall be maintained and be available for department review.

Fire drills were not being accomplished on at least three times a quarter.

A corrective action plan was requested and approved on 09/14/2021. 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.

09/14/2021

Derrick Britton

Date

Licensing Consultant

Merrie Z. Britter