

GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS LANSING

ORLENE HAWKS DIRECTOR

September 8, 2021

Eric Waller II Laurel Heights AFC, LLC 3192 Bridle Path Flint, MI 48507

RE: License #: AS250405808

Laurel Heights AFC 1253 Dyemeadow Ln Flint, MI 48532

Dear Mr. Waller II:

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

 You are to submit documentation of compliance. Michigan Workforce Background Checks need to be done on employees IMMEDIATELY.

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,

Derrick Britton, Licensing Consultant

enie Z. Britten

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 #: AS250405808

Laurel Heights AFC, LLC

Licensee Address: 1253 Dyemeadow Ln

Flint, MI 48532

Licensee Telephone #: (810) 877-8788

Licensee/Licensee Designee: Eric Waller II, Designee

Administrator: Keishia Wilson

Name of Facility: Laurel Heights AFC

Facility Address: 1253 Dyemeadow Ln

Flint, MI 48532

Facility Telephone #: (810) 877-8788

Original Issuance Date: 03/10/2021

Capacity: 5

Program Type: DEVELOPMENTALLY DISABLED

AGED

II. METHODS OF INSPECTION

Date of On-sit	e Inspection:	09/08/2021			
Date of Burea	u of Fire Serv	ices Inspection: N	/A		
Date of Health	Authority Ins	spection if applicat	ole: 01/14/20	21	
Inspection Typ	oe:	☐ Interview and ☐ Combination	Observation	n ⊠ Worksheet □ Full Fire Safety	
No. of staff int No. of residen No. of others i	ts interviewed	/or observed d and/or observed 1 Role: Licer	nsee Design	1 2 ee	
Medicatio	n pass / simu	lated pass observ	ed? Yes ⊠	No 🗌 If no, explain.	
 Medicatio 	n(s) and med	ication record(s) re	eviewed? Y	es 🗵 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. Inspection did not occur during meal preparation/service. Fire drills reviewed? Yes ∑ No ☐ If no, explain. 					
Fire safet	y equipment a	and practices obse	erved? Yes	⊠ No If no, explain.	
If no, expl	ain.	pecial Certificatior ecked? Yes ⊠ N	• ,	☐ No ☐ N/A ⊠ explain.	
 Incident re 	eport follow-u	p? Yes ⊠ No □] If no, expla	ain.	
N/A	· 🖂 -	compliance verifie		CAP date/s and rule/s: N/A ⊠	
 Variances 	s? Yes ☐ (pl	ease explain) No	□ N/A ⊠		

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

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

MCL 400.734b

Employing or contracting with certain employees providing direct services to residents; prohibitions; criminal history check; exemptions; written consent and identification; conditional employment; use of criminal history record information; disclosure; failure to conduct criminal history check; automated fingerprint identification system database; report to legislature; costs; definitions.

(2) Except as otherwise provided in this subsection or subsection (6), an adult foster care facility shall not employ or independently contract with an individual who has direct access to residents until the adult foster care facility or staffing agency has conducted a criminal history check in compliance with this section or has received criminal history record information in compliance with subsections (3) and (11). This subsection and subsection (1) do not apply to an individual who is employed by or under contract to an adult foster care facility before April 1, 2006. On or before April 1, 2011, an individual who is exempt under this subsection and who has not been the subject of a criminal history check conducted in compliance with this section shall provide the department of state police a set of fingerprints and the department of state police shall input those fingerprints into the automated fingerprint identification system database established under subsection (14). An individual who is exempt under this subsection is not limited to working within the adult foster care facility with which he or she is employed by or under independent contract with on April 1, 2006 but may transfer to another adult foster care facility, mental health facility, or covered health facility. If an individual who is exempt under this subsection is subsequently convicted of a crime or offense described under subsection (1)(a) to (g) or found to be the subject of a substantiated finding described under subsection (1)(i) or an order or disposition described under subsection (1)(h), or is found to have been convicted of a relevant crime described under 42 USC 1320a-7(a), he or she is no longer exempt and shall be terminated from employment or denied employment.

Employees have not been screened through the Michigan Workforce Background Check system.

A corrective action plan was requested and approved on 09/08/2021. 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

I recommend issuance of a 2-year regular adult foster care license.

Derick Z. Britter	09/08/2021
Derrick Britton Licensing Consultant	Date