



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

ORLENE HAWKS
DIRECTOR

September 15, 2021

Angela Rhode
38112 E Bonkay
Clinton Twp, MI 48036

RE: License #: AF500079504
Kalbs AFC Home II
38112 East Bonkay
Clinton Township, MI 48036

Dear Ms. Rhode:

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 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 (248) 975-5053.

Sincerely,

A handwritten signature in cursive script that reads "L. Reed".

LaShonda Reed, Licensing Consultant
Bureau of Community and Health Systems
4th Floor, Suite 4B
51111 Woodward Avenue
Pontiac, MI 48342
(586) 676-2877

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

I. IDENTIFYING INFORMATION

License #: AF500079504

Licensee Name: Angela Rhode

Licensee Address: 38112 E Bonkay
Clinton Twp, MI 48036-

Licensee Telephone #: (810) 465-7638

Licensee/Licensee Designee: N/A

Administrator: Angela Rhode

Name of Facility: Kalbs AFC Home II

Facility Address: 38112 East Bonkay
Clinton Township, MI 48036

Facility Telephone #: (586) 465-7638

Original Issuance Date: 03/26/1998

Capacity: 6

Program Type: DEVELOPMENTALLY DISABLED
ALZHEIMERS
AGED

II. METHODS OF INSPECTION

Date of On-site Inspection(s): 09/15/2021

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 6
No. of others interviewed 0 Role: N/A

- Medication pass / simulated pass observed? Yes No If no, explain.
I observed medications.
- 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.
- 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 400.1421 Handling of resident funds and valuables.

(10) Charges against the resident's account shall not exceed the agreed price for the services rendered and goods furnished or made available by the home to the resident.

Resident A's *Resident Care Agreement* basic fee for cost of care signed in 2021 is \$2500 per month. I observed that Resident A's *Funds and Valuables Part II* basic fee for cost of care transactions are \$3200 since admission date.

R 400.1426 Maintenance of premises.

(11) A yard area shall be kept reasonably free from all hazards, nuisances, refuse, and litter.

I observed that the front yard area had excessive weeds growing on the sidewalks and driveway cracks. I observed excessive weeds growing near and around the home. I observed four large dead shrubs in the front yard area.

IV. RECOMMENDATION

Contingent upon receipt of an acceptable corrective action plan, renewal of the license is recommended.



09/15/2021

LaShonda Reed
Licensing Consultant

Date