



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

ORLENE HAWKS
DIRECTOR

March 26, 2021

Michael Myers
610 W. Unadilla
Pinckney, MI 48169

RE: License #: AF470088676
Hearthside Afc
610 Unadilla
Pinckney, MI 48169

Dear Mr. Myers:

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.

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,

A handwritten signature in cursive script that reads "Julie Elkins".

Julie Elkins, Licensing Consultant
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 #:	AF470088676
Licensee Name:	Michael Myers
Licensee Address:	610 W. Unadilla Pinckney, MI 48169
Licensee Telephone #:	(517) 404-1210
Licensee:	Michael Myers
Administrator:	N/A
Name of Facility:	Hearthside Afc
Facility Address:	610 Unadilla Pinckney, MI 48169
Facility Telephone #:	(517) 404-1210
Original Issuance Date:	01/07/2000
Capacity:	6
Program Type:	DEVELOPMENTALLY DISABLED MENTALLY ILL

II. METHODS OF INSPECTION

Date of On-site Inspections: 03/25/2021

Date of Bureau of Fire Services Inspection if applicable: N/A

Date of Health Authority Inspection if applicable: 12/30/2020

Inspection Type: Interview and Observation Worksheet
 Combination Full Fire Safety

No. of staff interviewed and/or observed 1
No. of residents interviewed and/or observed 3
No. of others interviewed 1 Role: licensee

- 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. inspection was not during meal time.
- 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: 04/03/2019 407 (4) and 426 (4) 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 400.1405 Health of a licensee, responsible person, and member of the household.

(3) A licensee shall provide the department with written evidence that he or she and each responsible person in the home is free from communicable tuberculosis. Verification shall be within the 3-year period before employment and verification shall occur every 3 years thereafter.

The home did not have verification that responsible person Shari Bradburn was free from communicable tuberculosis.

R 400.1406 Ratio of responsible persons to residents.

(2) The number of occupants in a home, other than the licensee and the licensee's spouse, shall not exceed 10 persons.

The home had six residents, one live in- staff and four occupants therefore the home's capacity has exceeded 10 persons.

R 400.1425 Food service.

(3) All perishable food shall be stored at such temperature as will protect against spoilage. All potentially hazardous food shall be maintained at safe temperatures (40 degrees Fahrenheit or below or 140 degrees Fahrenheit or above), except during necessary periods of preparation and service.

The deep freezer on the front porch did not contain a thermometer therefore it could not be verified if the food was being stored at the correct temperature.

R 400.1426 Maintenance of premises.

(1) The premises shall be maintained in a clean and safe condition.

The concrete stair entering the home is breaking away from the house and in need of repair.

R 400.1426 Maintenance of premises.

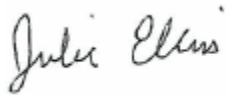
(4) Floors, interior walls, and ceilings shall be sound, in good repair, and maintained in a clean condition.

The kitchen ceiling is in need of dry wall repair.

REPEAT VIOLATION ESTABLISHED. Reference LSR 04/05/2019, CAP 04/03/2019.

IV. RECOMMENDATION

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



03/26/2021

Julie Elkins
Licensing Consultant

Date