



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

ORLENE HAWKS
DIRECTOR

July 8, 2020

Lorraine Thybault
August Winter House Inc.
2111 N. Latson
Howell, MI 48843

RE: License #: AM470312758
The August Winter House
2111 North Latson Road
Howell, MI 48855


Dear Ms. Thybault:

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 or home for the aged authorized representative and a date.

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

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

I. IDENTIFYING INFORMATION

License #: AM470312758

Licensee Name: August Winter House Inc.

Licensee Address: 2111 N. Latson
Howell, MI 48843

Licensee Telephone #: (517) 618-7144

Licensee/Licensee Designee: Lorraine Thybault

Administrator: Lorraine Thybault

Name of Facility: The August Winter House

Facility Address: 2111 North Latson Road
Howell, MI 48855

Facility Telephone #: (517) 618-7144

Original Issuance Date: 01/30/2012

Capacity: 12

Program Type: AGED

II. METHODS OF INSPECTION

*Please note, no on-site investigation was able to be completed due to the COVID-19 restrictions limiting individuals in AFC settings.

Date of On-site Inspection: 07/08/2020

Date of Bureau of Fire Services Inspection if applicable: 04/25/19 A Rating,
pending updated inspection.

Date of Health Authority Inspection if applicable: 05/20/2020

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 8

No. of others interviewed 1 Role: licensee designee

- 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.
- 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:
318 (5) - CAP 07/02/2018 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 400.14205 **Health of a licensee, direct care staff, administrator, other employees, those volunteers under the direction of the licensee, and members of the household.**

(6) A licensee shall annually review the health status of the administrator, direct care staff, other employees, and members of the household. Verification of annual reviews shall be maintained by the home and shall be available for department review.

At the time of inspection, the facility did not have verification that the licensee annually reviews the health status of the administrator, direct care staff, other employees.

R 400.14301 **Resident admission criteria; resident assessment plan; emergency admission; resident care agreement; physician's instructions; health care appraisal.**

(4) At the time of admission, and at least annually, a written assessment plan shall be completed with the resident or the resident's designated representative, the responsible agency, if applicable, and the licensee. A licensee shall maintain a copy of the resident's written assessment plan on file in the home.

Two of two resident records reviewed did not contain an assessment plan that was updated annually.

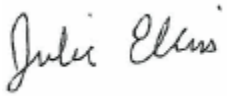
R 400.14301 **Resident admission criteria; resident assessment plan; emergency admission; resident care agreement; physician's instructions; health care appraisal.**

(9) A licensee shall review the written resident care agreement with the resident or the resident's designated representative and responsible agency, if applicable, at least annually or more often if necessary.

Two of two resident records reviewed did not contain a resident care agreement that was updated annually.

IV. RECOMMENDATION

Contingent upon receipt of an acceptable corrective action plan and approval from the Fire Marshal, renewal of the license is recommended.



07/08/2020

Julie Elkins
Licensing Consultant

Date