

GRETCHEN WHITMER **GOVERNOR**

STATE OF MICHIGAN DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS LANSING

ORLENE HAWKS DIRECTOR

December 2, 2019

Re'Ella Burrell 5330 Glen Harbor Kalamazoo, MI 49009

RE: License #: AF390398987

Burrell AFC

5330 Glen Harbor

Kalamazoo, MI 49009

Dear Mrs. Burrell:

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. Implementation and compliance with this corrective action plan will be verified at your next on-site inspection.

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,

michele Struter Michele Streeter, Licensing Consultant

Bureau of Community and Health Systems

322 E. Stockbridge Ave

Kalamazoo, MI 49001

(269) 251-9037

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

I. IDENTIFYING INFORMATION

License #:

AF390398987

Licensee Name:

Re'Ella Burrell

Licensee Address:

5330 Glen Harbor

Kalamazoo, MI 49009

Licensee Telephone #:

(269) 348-4375

Licensee Designee:

N/A

Administrator:

N/A

Name of Facility:

Burrell AFC

Facility Address:

5330 Glen Harbor

Kalamazoo, MI 49009

Facility Telephone #:

(269) 348-4375

Original Issuance Date:

06/04/2019

Capacity:

5

Program Type:

DEVELOPMENTALLY DISABLED

MENTALLY ILL

Certified Programs:

DEVELOPMENTALLY DISABLED

MENTALLY ILL

II. METHODS OF INSPECTION

Date	e of On-site Inspection(s): 12/02/2019		
Date of Bureau of Fire Services Inspection if applicable: N/A			
Date of Health Authority Inspection if applicable: N/A			
Insp	ection Type:		
No. of staff interviewed and/or observed No. of residents interviewed and/or observed No. of others interviewed Role:			
•	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 I If no, explain. Meal preparation / service observed? Yes No If no, explain. No meal prepared at the time of inspection. Fire drills reviewed? Yes No I 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

During the on-site inspection five resident records were reviewed.

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

R 400.1421

Handling of resident funds and valuables.

(5) Except for trust fund accounts, a licensee shall not accept for safekeeping money and valuables exceeding a value of \$200.00 for any resident in the home. Trust fund accounts between the licensee and the resident are subject to a \$1,500.00 limitation.

FINDING: The licensee was occasionally accepting more than \$200 cash for safekeeping in the home for Resident A.

A corrective action plan was requested and approved on 12/02/2019. 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 and special certification.

IV. RECOMMENDATION

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

michele struter	12/02/2019
Michele Streeter	Date
Licensing Consultant	