



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

ORLENE HAWKS
DIRECTOR

August 6, 2021

Lucia Valeriano
Just Spray It, Inc
1114 W Vernon Dr
Flint, MI 48503

RE: License #:	AS250093820 Almost Home AFC 305 Furlong Fenton, MI 48430
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Dear Ms. Valeriano:

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.

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 (906) 226-4171.

Sincerely,

A handwritten signature in cursive script that reads "Susan Hutchinson".

Susan Hutchinson, Licensing Consultant
Bureau of Community and Health Systems
611 W. Ottawa Street
P.O. Box 30664
Lansing, MI 48909
(989) 293-5222

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

I. IDENTIFYING INFORMATION

License #:	AS250093820
Licensee Name:	Just Spray It, Inc
Licensee Address:	1114 W Vernon Dr Flint, MI 48503
Licensee Telephone #:	(323) 363-6685
Licensee/Licensee Designee:	Lucia Valeriano
Administrator:	Lucia Valeriano
Name of Facility:	Almost Home AFC
Facility Address:	305 Furlong Fenton, MI 48430
Facility Telephone #:	(323) 363-6685
Original Issuance Date:	02/27/2001
Capacity:	6
Program Type:	AGED

II. METHODS OF INSPECTION

Date of On-site Inspection(s): 07/21/2021

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 5

No. of others interviewed 0 Role: N/A

- 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.
My inspection did not take place during a mealtime.
- 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:
9/27/19 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 400.14301	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.
The resident Assessment Plan that I reviewed was not completed in its entirety. All resident paperwork must be completely filled out: all boxes must be checked, necessary information documented, and all signatures obtained.	
R 400.14505	Smoke detection equipment; location; battery replacement; testing, examination, and maintenance; spacing of detectors mounted on ceilings and walls; installation requirements for new construction, conversions and changes of category.
	(2) Approved heat detectors may be installed in place of smoke detectors in the kitchen or bathroom and in other areas of the home that contain flame- or heat-producing equipment.
At the time of my inspection, I noted that there was not a smoke or heat detector in the laundry room. Smoke or heat detectors must be installed in all areas of the home that contain flame or heat producing equipment.	
R 400.14507	Means of egress generally.
	(6) Occupied room door hardware shall be equipped with positive-latching, non-locking-against-egress hardware.
At the time of my inspection, I noted that the cleaning closet door hardware was not equipped with positive-latching, non-locking-against-egress hardware.	
R 400.14511	Flame-producing equipment; enclosures.
	(2) Heating plants and other flame-producing equipment located on the same level as the residents shall be enclosed in a room that is constructed of material which has a 1-hour-fire resistance rating, and the door shall be made of 1 3/4-inch solid core wood. The door shall be hung in a fully stopped wood or steel frame

	and shall be equipped with an automatic self-closing device and positive-latching hardware.
At the time of my inspection, I noted that the fire door leading to the heating plant was not closing properly. The self-closing device needs to be tightened so it closes completely.	

IV. RECOMMENDATION

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

Susan Hutchinson

August 6, 2021

Susan Hutchinson Licensing Consultant	Date
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