



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

ORLENE HAWKS
DIRECTOR

January 13, 2022

Charity Miller
Passionate Home LLC
465 W Pleasant Street
HUBBARDSTON, MI 48845

RE: License #: AS340408187
Passionate Home LLC
465 W Pleasant Street
Hubbardston, MI 48845

Dear Ms. Miller:

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 and special certification 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 (517) 284-9730.

Sincerely,

A handwritten signature in black ink that reads "Jennifer Browning". The script is cursive and fluid, with the first name and last name clearly distinguishable.

Jennifer Browning, Licensing Consultant
Bureau of Community and Health Systems

Browningj1@michigan.gov

989-444-9614

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

I. IDENTIFYING INFORMATION

License #:	AS340408187
Licensee Name:	Passionate Home LLC
Licensee Address:	465 W Pleasant Street HUBBARDSTON, MI 48845
Licensee Telephone #:	(989) 436-3424
Licensee Designee:	Charity Miller
Administrator:	Charity Miller
Name of Facility:	Passionate Home LLC
Facility Address:	465 W Pleasant Street Hubbardston, MI 48845
Facility Telephone #:	(989) 981-6375
Original Issuance Date:	07/21/2021
Capacity:	6
Program Type:	PHYSICALLY HANDICAPPED DEVELOPMENTALLY DISABLED MENTALLY ILL AGED
Certified Programs:	DEVELOPMENTALLY DISABLED MENTALLY ILL

II. METHODS OF INSPECTION

Date of On-site Inspection(s): 01/05/2022

Date of Bureau of Fire Services Inspection if applicable: Not applicable

Date of Health Authority Inspection if applicable: Not applicable

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 [redacted] Role: [redacted]

- 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.
The inspection was not done during meal times. The food at the facility appeared safe and free from spoilage and contamination, the food service equipment was in good repair, and the facility appeared equipped to prepare and serve adequate meals.
- 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 400.14204 Direct care staff; qualifications and training.

**(3) A licensee or administrator shall provide in-service training or make training available through other sources to direct care staff. Direct care staff shall be competent before performing assigned tasks, which shall include being competent in all of the following areas:
(a) Reporting requirements.**

Direct care staff member Ms. Archer did not complete training for reporting requirements.

R 400.14204 Direct care staff; qualifications and training.

**(3) A licensee or administrator shall provide in-service training or make training available through other sources to direct care staff. Direct care staff shall be competent before performing assigned tasks, which shall include being competent in all of the following areas:
(b) First aid.
(c) Cardiopulmonary resuscitation.**

Licensee designee Charity Miller did not have verification that Ms. Pierce completed Cardiopulmonary resuscitation and First Aid training.

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.

(3) A licensee shall maintain, in the home, and make available for department review, a statement that is signed by a licensed physician or his or her designee attesting to the knowledge of the physical health of direct care staff, other employees, and members of the household. The statement shall be obtained within 30 days of an individual's employment, assumption of duties, or occupancy in the home.

There is no medical clearance signed by a license physician within 30 days of their start dates for Ms. Pierce and Ms. Archer showing they are able to perform the job duties.

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.
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(5) A licensee shall obtain written evidence, which shall be available for department review, that each direct care staff, other employees, and members of the household have been tested for communicable tuberculosis and that if the disease is present, appropriate precautions shall be taken as required by state law. Current testing shall be obtained before an individual's employment, assumption of duties, or occupancy in the home. The results of subsequent testing shall be verified every 3 years thereafter or more frequently if necessary.

Licensee designee Charity Miller did not have documentation that Ms. Pierce, Ms. Miller, and Ms. Archer were free from communicable tuberculosis.

R 400.14208 Direct care staff and employee records.

(1) A licensee shall maintain a record for each employee. The record shall contain all of the following employee information:

- (f) Verification of reference checks.

Ms. Archer's employee record did not have verification of two reference checks.

IV. RECOMMENDATION

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

Jennifer Browning 1/13/2022
Jennifer Browning Date
Licensing Consultant