



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

ORLENE HAWKS
DIRECTOR

March 8, 2022

Aster Mekonnen
Noah's AFC Home, Inc.
2299 N. Vernon
Holt, MI 48842

RE: License #: AS330291616
Noah's AFC Home, Inc.
2297 North Vernon
Holt, MI 48842

Dear Ms. Mekonnen:

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 (517) 284-9730.

Sincerely,

A handwritten signature in black ink that reads "Cathy Cushman". The signature is written in a cursive, flowing style.

Cathy Cushman, Licensing Consultant
Bureau of Community and Health Systems
611 W. Ottawa Street
P.O. Box 30664
Lansing, MI 48909
(269) 615-5190

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

I. IDENTIFYING INFORMATION

License #: AS330291616

Licensee Name: Noah's AFC Home, Inc.

Licensee Address: 2299 N Vernon
Holt, MI 48842

Licensee Telephone #: (517) 694-2351

Licensee Designee: Aster Mekonnen

Administrator: Aster Mekonnen

Name of Facility: Noah's AFC Home, Inc.

Facility Address: 2297 North Vernon
Holt, MI 48842

Facility Telephone #: (517) 694-2351

Original Issuance Date: 08/22/2008

Capacity: 6

Program Type: DEVELOPMENTALLY DISABLED
MENTALLY ILL
AGED

II. METHODS OF INSPECTION

Date of On-site Inspection: 03/08/2022

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 1
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 on-site did not take place during a meal time; however, food was observed in the facility.
- 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. E-scores were not being completed by licensee; therefore, they could not be reviewed.
- Water temperatures checked? Yes No If no, explain.
- Incident report follow-up? Yes No If no, explain.
There were no IR's to follow up on.
- Corrective action plan compliance verified? Yes CAP date/s and rule/s:
2020 Renewal LSR, CAP dated 5/29/2020; R803(5), R203(1), R205(4), R205(5),
R205(6), R301(10), R301(4), R318(5) 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 330.1803 Facility environment; fire safety.

(1) A facility that has a capacity of 4 to 6 clients shall be equipped with an interconnected multi-station smoke detection system which is powered by the household electrical service and which, when activated, initiates an alarm that is audible in all areas of the home. The smoke detection system shall be installed on all levels, including basements, common activity areas, and outside each sleeping area, but excluding crawl spaces and unfinished attics, so as to provide full coverage of the home. The system shall include a battery backup to assure that the system is operable if there is an electrical power failure and accommodate the sensory impairments of clients living in the facility, if needed. A fire safety system shall be installed in accordance with the manufacturer's instructions by a licensed electrical contractor and inspected annually. A record of the inspections shall be maintained at the facility.

FINDING: An annual inspection of the fire safety system, which includes the interconnected smoke detectors, was not available for review during the inspection. This inspection should be completed by a licensed electrician.

R 330.1803 Facility environment; fire safety.

(5) The capability of the clients to evacuate a facility in the event of a fire shall be assessed using methods described in appendix f of the 1985 life safety code of the national fire protection association. Appendix f of the 1985 life safety code of the national fire protection association is adopted by reference as part of these rules. A copy of the adopted appendix f is available from the Department of Mental Health, Lewis Cass Building, Lansing, MI 48913, at cost. A copy of appendix f may also be obtained from the National Fire Protection Association Library, Battermarch Park, P.O. Box 9101, Quincy, Massachusetts 02269-9101, 1-800-344-3555. A prepaid fee may be required by the national fire

protection association for a copy of appendix f. A price quote for copying of these pages may be obtained from the national fire protection association.

FINDING: REPEAT VIOLATION ESTABLISHED

Renewal LSR dated 03/16/2018, CAP dated 03/16/2018

Renewal LSR dated 05/29/2020, CAP dated 05/29/2020

E-scores were not available for review at the time of the inspection. Licensee designee, Ms. Mekonnen, indicated she did not know how to complete the E-scores. She was informed she would be sent instructions on how to complete the packets. Ms. Mekonnen's CAP, dated 05/29/2020, from her 2020 renewal indicated she would practice completing E-scores once a month; however, there was no indication she has been completing these packets.

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.

(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.

FINDING: REPEAT VIOLATION ESTABLISHED

Renewal LSR dated 05/29/2020, CAP dated 05/29/2020

The licensee designee, Ms. Mekonnen, did not have documentation verifying direct care staff, Daniel Collar, completed a TB test within the last three years, as required. Ms. Mekonnen's CAP, dated 05/29/2020, indicated Mr. Collar would be sent to "Works Health" for an annual physical and TB test.

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.

FINDING: REPEAT VIOLATION ESTABLISHED

Renewal LSR dated 05/29/2020, CAP dated 05/29/2020

The licensee designee, Ms. Mekonnen, did not have an annual health care status review form for direct care staff, Daniel Collar, as required. A licensee is to have a procedure for reviewing the health status of direct care staff, at least annually.

According to Ms. Mekonnen's CAP, dated 05/29/2020, indicated she would schedule an annual physical for Mr. Collar.

R 400.14208 Direct care staff and employee records.

(3) A licensee shall maintain a daily schedule of advance work assignments, which shall be kept for 90 days. The schedule shall include all of the following information:

- (a) Names of all staff on duty and those volunteers who are under the direction of the licensee.**
- (b) Job titles.**
- (c) Hours or shifts worked.**
- (d) Date of schedule.**
- (e) Any scheduling changes.**

FINDING: There was no staff schedule available for review during the inspection. The licensee designee, Ms. Mekonnen, indicated one was not being kept since there were only two direct care staff working at the facility.

R 400.14312 Resident medications.

(4) When a licensee, administrator, or direct care staff member supervises the taking of medication by a resident, he or she shall comply with all of the following provisions:

- (e) Not adjust or modify a resident's prescription medication without instructions from a physician or a pharmacist who has knowledge of the medical needs of the resident. A licensee shall record, in writing, any instructions regarding a resident's prescription medication.**

FINDING: Resident A's 03/07/2020 noon medication, which included 325 mg of Acetaminophen and 12.5 mg of Meclizine hcl, had not been administered to her, as required. The licensee designee, Ms. Mekonnen, indicated these medications were not administered to Resident A because she was experiencing side effects like dizziness. Ms. Mekonnen indicated she relayed this information to Resident A's physician and was instructed not to administer the medication; however, Ms. Mekonnen could neither provide documentation of the physician's instruction nor could she provide documentation she had taken a verbal order.

R 400.14315 Handling of resident funds and valuables.

(3) A licensee shall have a resident's funds and valuables transaction form completed and on file for each resident. A department form shall be used unless prior authorization for a substitute form has been granted, in writing, by the department.

FINDING: The licensee designee, Ms. Mekonnen, had not documented resident AFC payments on the *Resident Funds II* in 2021 or 2022. Ms. Mekonnen indicated she was keeping track of the AFC payments on a different form at her office, which was not available for review during the inspection as her office was off-site. I informed Ms. Mekonnen the *Resident Funds II* forms needed to be utilized unless a variance was granted to utilize another form or method.

R 400.14511 Flame-producing equipment; enclosures.

(1) If the heating plant is located in the basement of a small group home, standard building material may be used for the floor separation. Floor separation shall also include at least 1 3/4-inch solid core wood door or equivalent to create a floor separation between the basement and the first floor.

FINDING: The facility's furnace is located in the basement with the fire door at the bottom of the facility stairs. During the inspection, the fire door was observed propped open and without any latching hardware. Additionally, when the door was released from its opened position it did not self-close indicating the self-closing device was not properly working.

Doors must be positive latching and equipped with an operable self-closing device. The self-closer can be pneumatic, spring hinge closer, spring loaded hinge, weighted closer, or other closing devices that will accomplish the purpose of closing and latching the door when it is released from any position. A coiled screen door spring is not an acceptable closer.

IV. RECOMMENDATION

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

Cathy Cushman

03/08/2022

Licensing Consultant

Date