



STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

GRETCHEN WHITMER
GOVERNOR

ORLENE HAWKS
DIRECTOR

March 31, 2022

Channe Hicks
HGA Non-Profit Homes Inc.
917 West Norton
Muskegon, MI 49441

RE: License #:	AS610067776 Shaffer House AFC 171 Dennis Street Fruitport, MI 49415-9755
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Dear Ms. Hicks:

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. If I am not available and you need to speak to someone immediately, you may contact the local office at (616) 356-0100.

Sincerely,

A handwritten signature in cursive script that reads "Elizabeth Elliott". The signature is written in black ink and is positioned below the word "Sincerely,".

Elizabeth Elliott, Licensing Consultant
Bureau of Community and Health Systems
Unit 13, 7th Floor
350 Ottawa, N.W.
Grand Rapids, MI 49503
(616) 901-0585

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

I. IDENTIFYING INFORMATION

License #:	AS610067776
Licensee Name:	HGA Non-Profit Homes Inc.
Licensee Address:	917 West Norton Muskegon, MI 49441
Licensee Telephone #:	(231) 728-3501
Licensee/Licensee Designee:	Channe Hicks, Designee
Administrator:	Jeanette Grim, Administrator
Name of Facility:	Shaffer House AFC
Facility Address:	171 Dennis Street Fruitport, MI 49415-9755
Facility Telephone #:	(231) 865-3444
Original Issuance Date:	10/01/1995
Capacity:	6
Program Type:	DEVELOPMENTALLY DISABLED

II. METHODS OF INSPECTION

Date of On-site Inspection(s): 03/29/2022

Date of Bureau of Fire Services Inspection if applicable: N/A

Date of Environmental/Health Inspection if applicable: 12/06/2021

Inspection Type: Interview and Observation Worksheet
 Combination Full Fire Safety

No. of staff interviewed and/or observed 4
No. of residents interviewed and/or observed 6
No. of others interviewed 2 Role: LD&ADM

- Medication pass / simulated pass observed? Yes No If no, explain.
At the time of the inspection, resident medications were not being administered.
- 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:
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.
	(4) A licensee shall provide the department with written evidence that he or she and the administrator have been tested for communicable tuberculosis and that if the disease is present, appropriate precautions shall be taken. The results of subsequent testing shall be verified every 3 years thereafter.
<p>Finding: Direct Care Staff PG does not have an updated TB test with results on file for Department review.</p> <p>Licensee Designee Response: Ms. Hicks stated staff PG will have an updated TB test with results completed and on file at the facility.</p>	
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.
<p>Finding: Staff PG does not have an updated review of annual health status on file for Department review.</p> <p>Licensee Designee Response: Ms. Hicks stated PG will have an updated review of annual health status on file at the facility.</p>	
R 400.14301	Resident admission criteria; resident assessment plan; emergency admission; resident care agreement; physician's instructions; health care appraisal.
	(10) At the time of the resident's admission to the home, a licensee shall require that the resident or the resident's designated representative provide a written health care

	<p>appraisal that is completed within the 90-day period before the resident's admission to the home. A written health care appraisal shall be completed at least annually. If a written health care appraisal is not available at the time of an emergency admission, a licensee shall require that the appraisal be obtained not later than 30 days after admission. A department health care appraisal form shall be used unless prior authorization for a substitute form has been granted, in writing, by the department.</p>
<p>Finding: Resident BR does not have an updated health care appraisal on file at the facility.</p> <p>Licensee Designee Response: Ms. Hicks stated Resident BR has a doctor's appointment scheduled for 05/05/2022 and the HCA will be updated at that time and on file at the facility.</p>	
<p>R 400.14318</p>	<p>Emergency preparedness; evacuation plan; emergency transportation.</p>
	<p>(5) A licensee shall practice emergency and evacuation procedures during daytime, evening, and sleeping hours at least once per quarter. A record of the practices shall be maintained and be available for department review.</p>
<p>Finding: Fire drills were not documented as conducted during the first quarter (January, February, and March) and second quarter (April, May, and June) of 2021. The drills were both 3rd shift drills.</p> <p>Licensee Designee Response: Ms. Hicks stated there has been a lot of change in the management of this facility and some fire drills were missed. Fire drills will be conducted during daytime, evening and sleeping hours at least once per quarter and documented.</p>	
<p>R 400.14401</p>	<p>Environmental health.</p>
	<p>(2) Hot and cold running water that is under pressure shall be provided. A licensee shall maintain the hot water temperature for a resident's use at a range of 105 degrees Fahrenheit to 120 degrees Fahrenheit at the faucet.</p>

<p>Finding: The water in the facility was 123.3 degrees Fahrenheit in the kitchen, 122.9 in both the blue and the yellow resident bathrooms.</p> <p>Licensee Designee Response: The hot water will be turned down and monitored.</p>	
R 400.14410	Bedroom furnishings.
	<p>(1) The bedroom furnishings in each bedroom shall include all of the following:</p> <p>(d) At least 1 chair.</p>
<p>Finding: Resident's T&F's rooms did not have a chair.</p> <p>Licensee Designee Response: Resident T&F's rooms will have a chair.</p>	

IV. RECOMMENDATION

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



03/31/2022

Elizabeth Elliott
Licensing Consultant

Date