



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

ORLENE HAWKS  
DIRECTOR

February 2, 2022

Virginia Winicki  
2646 Lebouef Street  
Norton Shores, MI 49441

RE: License #:	AF610004581 Winicki AFC 2646 Lebouef Street Norton Shores, MI 49441
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Dear Ms. Winicki:

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. To verify your implementation and compliance with this corrective action plan:

- You submitted an acceptable Statement of Correction.

The study has determined compliance with applicable licensing statutes and administrative rules. Therefore, your license is renewed. It is valid only at your present address and is nontransferable.

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,

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**

<b>License #:</b>	AF610004581
<b>Licensee Name:</b>	Virginia Winicki
<b>Licensee Address:</b>	2646 Lebouef Street Norton Shores, MI 49441
<b>Licensee Telephone #:</b>	(231) 755-4998
<b>Licensee/Licensee Designee:</b>	N/A
<b>Administrator:</b>	N/A
<b>Name of Facility:</b>	Winicki AFC
<b>Facility Address:</b>	2646 Lebouef Street Norton Shores, MI 49441
<b>Facility Telephone #:</b>	(231) 755-4998
<b>Original Issuance Date:</b>	02/09/1987
<b>Capacity:</b>	6
<b>Program Type:</b>	PHYSICALLY HANDICAPPED DEVELOPMENTALLY DISABLED

**II. METHODS OF INSPECTION**

Date of On-site Inspection(s): 01/26/2022

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 0  
No. of residents interviewed and/or observed 1  
No. of others interviewed 1 Role: Licensee, V. Winicki

- Medication pass / simulated pass observed? Yes  No  If no, explain.  
At the time of the inspection, resident medication(s) was not due for administration.
- 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.  
N/A
- 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:	
<b>R 400.1405</b>	<b>Health of a licensee, responsible person, and member of the household.</b>
	(3) A licensee shall provide the department with written evidence that he or she and each responsible person in the home is free from communicable tuberculosis. Verification shall be within the 3-year period before employment and verification shall occur every 3 years thereafter.
<p>Finding: The licensee and responsible person do not have an updated TB test with results on file.</p> <p>Licensee Response: Ms. Winicki stated she and Responsible Person, Dennis Winicki will have updated TB test with results on file at the home.</p>	
<b>R 400.1421</b>	<b>Handling of resident funds and valuables.</b>
	(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.
<p>Finding: There is no Resident Funds I form included in the resident file.</p> <p>Licensee Response: Ms. Winicki stated she will place a completed Resident Funds I form in the resident file.</p>	
<b>R 400.1437</b>	<b>Smoke detection equipment.</b>
	(1) At least 1 single-station smoke detector shall be installed at the following locations: (b) On each occupied floor, in the basement, and in areas of the home which contain flame- or heat-producing equipment.

Finding: The basement is not equipped with a smoke detector.

Licensee Response: Ms. Winicki stated a smoke detector will be placed in the basement.

A corrective action plan was requested and approved on 01/26/2022. 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.

#### IV. RECOMMENDATION

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



02/02/2022

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Date

Licensing Consultant