

GRETCHEN WHITMER GOVERNOR STATE OF MICHIGAN DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS LANSING

ORLENE HAWKS DIRECTOR

April 19, 2022

Nelima Hazra 712 Hickory Street Niles, MI 49120

> RE: License #: AF110363351 Elijah AFC Home 712 Hickory Street Niles, MI 49120

Dear Ms. Hazra:

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 are to submit documentation of compliance.
- Please submit verification of fire drills being conducted and X-Ray results.

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,

Nele Khaberry, LMSW

Nile Khabeiry, Licensing Consultant Bureau of Community and Health Systems Unit 13, 7th Floor 350 Ottawa, N.W. Grand Rapids, MI 49

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

I. IDENTIFYING INFORMATION

License #:	AF110363351
Licensee Name:	Nelima Hazra
Licensee Address:	712 Hickory Street Niles, MI 49120
Licensee Telephone #:	(269) 340-5113
Licensee/Licensee Designee:	Nelima Hazra
Administrator:	Nelima Hazra
Name of Facility:	Elijah AFC Home
Facility Address:	712 Hickory Street Niles, MI 49120
Facility Telephone #:	(269) 340-4999
Original Issuance Date:	11/16/2015
Capacity:	5
Program Type:	MENTALLY ILL AGED

II. METHODS OF INSPECTION

Date of On-site Inspection(s):

03/01/2022

Date of Bureau of Fire Services Inspection if applicable:

Date of Health Authority Inspection if applicable:

Insp	Dection Type:	
No.	of staff interviewed and/or observed1of residents interviewed and/or observed5of others interviewedRole:	
•	Medication pass / simulated pass observed? Yes $igtimes$ No $igcup$ If no, explain	۱.
•	Medication(s) and medication record(s) reviewed? Yes $igtimes$ No $igsqcup$ If no, e	xplain.
•	Resident funds and associated documents reviewed for at least one reside Yes \Box No \boxtimes If no, explain. Funds not heald by facility Meal preparation / service observed? Yes \boxtimes No \Box If no, explain.	ent?
•	Fire drills reviewed? Yes ☐ No ⊠ If no, explain. Fire drills not documented, violation. Fire safety equipment and practices observed? Yes ⊠ No ☐ If no, expl	ain.
•	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:
•	Number of excluded employees followed-up? N/A \square	
•	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:

the evacuation plan.

R 400.1405	Health of a licensee, responsible person, and member of the household.
	(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.
	FINDINGS: No TB test result within 3 years
R 400.1438	Emergency preparedness; evacuation plan; emergency transportation.
	(4) Fire drills shall be conducted 4 times a year. Two of the 4 required fire drills shall be conducted during sleeping hours. A record of the fire drills shall be incorporated with

FINDINGS: No fire drills documented in the last 12 months.

A corrective action plan was requested and approved on 03/01/2022. 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.

Nele Khaberry, LMSW

4/19/2022

Nile Khabeiry Licensing Consultant Date