

GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS LANSING

ORLENE HAWKS DIRECTOR

April 28, 2022

Sheniko Holiday 1703 Race St. Kalamazoo, MI 49001

RE: License #: AF390336427

David Dewayne Manor 911 Washington St. Kalamazoo, MI 49001

Dear Ms. Holiday:

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.

The study has determined substantial 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. 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,

Ondrea Johnson, Licensing Consultant

ndreg Ophra

Bureau of Community and Health Systems

427 East Alcott

Kalamazoo, MI 49001

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

I. IDENTIFYING INFORMATION

License #: AF390336427

Licensee Name: Sheniko Holiday

Licensee Address: 911 Washington St.

Kalamazoo, MI 49001

Licensee Telephone #: (269) 290-9787

Licensee: Sheniko Holiday

Administrator: N/A

Name of Facility: David Dewayne Manor

Facility Address: 911 Washington St.

Kalamazoo, MI 49001

Facility Telephone #: (269) 459-6454

Original Issuance Date: 04/02/2013

Capacity: 4

Program Type: PHYSICALLY HANDICAPPED

DEVELOPMENTALLY DISABLED

MENTALLY ILL

TRAUMATICALLY BRAIN INJURED

AGED

II. METHODS OF INSPECTION

Date of On-site Inspection(s): 4/27/2022	
Date of Bureau of Fire Services Inspection if applicable: N/A	
Date of Health Authority Inspection if applicable: N/A	
Insp	Dection Type: ☐ Interview and Observation ☐ Worksheet ☐ Combination ☐ Full Fire Safety
No. of staff interviewed and/or observed No. of residents interviewed and/or observed No. of others interviewed O Role: 0	
•	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 \boxtimes No \square If no, explain. Meal preparation / service observed? Yes \boxtimes No \square 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 Ino, 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

The facility is in non-compliance with the following applicable rules and statutes:

R 400.14407

Resident admission and discharge criteria: resident assessment plan; resident care agreement; home guidelines, fee schedule, physician's instructions; health care appraisal.

(6) A licensee shall review the written resident care agreement with the resident or the resident's designated representative and responsible agency at least annually or more if necessary.

FINDINGS: Licensee unable to provide updated signatures on written resident care agreement that verifies review of agreement at least annually.

A corrective action plan was requested and approved on 04/28/2022. 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.

Ondrea Johnson

Licensing Consultant

ndrea Ophran

4/28/2022

Date