

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

ORLENE HAWKS DIRECTOR

March 16, 2022

Elsabeth Engeda 2843 Turtle Creek Dr. East Lansing, MI 48823

> RE: License #: AS330367324 Kalkidan AFC 3 2121 Hopkins Avenue Lansing, MI 48912

Dear Ms. Engeda:

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,

ndreg Orohinsa

Ondrea Johnson, Licensing Consultant Bureau of Community and Health Systems 427 East Alcott Kalamazoo, MI 49001

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

I. IDENTIFYING INFORMATION

License #:	AS330367324
Licensee Name:	Elsabeth Engeda
Licensee Address:	2843 Turtle Creek Dr. East Lansing, MI 48823
Licensee Telephone #:	(517) 336-4490
Licensee:	Elsabeth Engeda
Administrator:	Elsabeth Engeda
Name of Facility:	Kalkidan AFC 3
Facility Address:	2121 Hopkins Avenue Lansing, MI 48912
Facility Telephone #:	(517) 402-6191
Original Issuance Date:	01/16/2015
Capacity:	6
Program Type:	DEVELOPMENTALLY DISABLED MENTALLY ILL

II. METHODS OF INSPECTION

Date of On-site Inspection(s): 3/12/2022

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

Date of Health Authority Inspection if applicable: N/A

Insp	pection Type:	Interview and Observation Combination	⊠ Worksheet □ Full Fire Safety
No.	of staff interviewed and/c of residents interviewed a of others interviewed		2 4
•	Medication pass / simula	ited pass observed? Yes 🔀	No 🗌 If no, explain.
•	Medication(s) and medic	ation record(s) reviewed? Ye	es 🛛 No 🗌 If no, explain.
•	Yes 🛛 No 🗌 If no, exp	ociated documents reviewed f blain. ce observed? Yes 🛛 No 🗌	
•	Fire drills reviewed? Yes	s 🖂 No 🗌 If no, explain.	
•	Fire safety equipment ar	nd practices observed? Yes [🛛 No 🗌 If no, explain.
•	If no, explain.	ecial Certification Only)Yes(cked?Yes 🛛 No 🗌 If no, e	
•	Incident report follow-up	? Yes 🛛 No 🗌 If no, expla	in.
•		ompliance verified? Yes 🗌 (CAP date/s and rule/s:
•	N/A ⊠ Number of excluded emp	ployees followed-up?	N/A 🖂
•	Variances? Yes 🗌 (plea	ase explain) No 🗌 N/A 🔀	

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

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

R 400.14301 Resident admission criteria; resident assessment plan; emergency admission; resident care agreement; physician's instructions; health care appraisal.

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

FINDINGS: Licensee was not able to verify that AFC Care Agreement was updated at least annually for Resident A, Resident B, and Resident C.

A corrective action plan was requested and approved on 03/12/2022. 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.

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Ondrea Johnson Licensing Consultant

03/16/2022 Date