

GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS LANSING

ORLENE HAWKS DIRECTOR

May 17, 2022

Bethany Mays Resident Advancement, Inc. PO Box 555 Fenton, MI 48430

RE: License #:	AS250077905
	Long Lake
	14334 Swanee Beach
	Fenton, MI 48430

Dear Ms. Mays:

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 and special certification will be issued. If you fail to submit an acceptable corrective action plan, disciplinary action will result.

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 (906) 226-4171.

Sincerely,

Shamidah Wyden, Licensing Consultant

Bureau of Community and Health Systems

411 Genesee

P.O. Box 5070

Saginaw, MI 48607

989-395-6853

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

I. IDENTIFYING INFORMATION

License #:	AS250077905
Licensee Name:	Resident Advancement, Inc.
Licensee Address:	411 S. Leroy, PO Box 555
	Fenton, MI 48430
Licensee Telephone #:	(810) 750-0382
Licensee Designee:	Bethany Mays
A due in internet our	Alianta Dall
Administrator:	Nicole Ball
Name of Facility:	Long Lake
Facility Address:	14334 Swanee Beach
	Fenton, MI 48430
Facility Telephone #:	(810) 714-9369
racinty relephone #.	(010) / 14-9309
Original Issuance Date:	08/24/1997
Capacity:	6
Program Type:	DEVELOPMENTALLY DISABLED
3 7.	MENTALLY ILL

II. METHODS OF INSPECTION

Date	e of On-site Inspection((s): 05/16/2022		
Date	e of Bureau of Fire Ser	vices Inspection if applicable:	N/A	
Date	e of Health Authority In	spection if applicable: 02/09/20)22	
Insp	ection Type:	☐ Interview and Observation☐ Combination	n ⊠ Worksheet □ Full Fire Safety	
No.	of staff interviewed and of residents interviewe of others interviewed		4 4	
•	Medication pass / sime	ulated pass observed? Yes $oxtimes$	No 🗌 If no, explain.	
•	Medication(s) and med	dication record(s) reviewed? Y	es 🗵 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?	∕es ⊠ No □ If no, explain.		
•	Fire safety equipment	and practices observed? Yes	⊠ No □ If no, explain.	
•	E-scores reviewed? (Special Certification Only) Yes No No N/A If no, explain. Water temperatures checked? Yes No If no, explain.			
•	There were no recent Corrective action plan 06/15/2020- R402(6),	up? Yes No If no, explaincident reports requiring follow compliance verified? Yes R303(2), R318(5) N/A mployees followed-up?	v-up.	
•	Variances? Yes ☐ (p	olease explain) No 🗌 N/A 🔀		

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

This facility was	found to be in non-compliance with the following rules:	
R 400.14208	Direct care staff and employee records.	
	(1) A licensee shall maintain a record for each employee. The record shall contain all of the following employee information: (e)Verification of experience, education, and training.	
At the time of ins	spection, the facility did not have verification of education on file for	
R 400.14312	Resident medications.	
	 (4) When a licensee, administrator, or direct care staff member supervises the taking of medication by a resident, he or she shall comply with all of the following provisions: (b) Complete an individual medication log that contains all of the following information: (v) The initials of the person who administers the medication, which shall be entered at the time the medication is given. 	
	spection, there were several missing staff initials on Resident A's ry, and April 2022 medication administration records.	
R 400.14402	Food service.	
	(3) All perishable food shall be stored at temperatures that will protect against spoilage. All potentially hazardous food shall be kept at safe temperatures. This means that all cold foods are to be kept cold, 40 degrees Fahrenheit or below, and that all hot foods are to be kept hot, 140 degrees Fahrenheit or above, except during periods that are necessary for preparation and service. Refrigerators and freezers shall be equipped with approved thermometers.	

At the time of inst to be working pro	spection, the thermometer in the kitchen's refrigerator did not appear operly.
R 400.14403	Maintenance of premises.
	(1) A home shall be constructed, arranged, and maintained to provide adequately for the health, safety, and well-being of occupants.
	spection, the outside of the home appeared to need to be power me was also missing several downspout extensions.
R 400.14407	Bathrooms.
	(1) Bathrooms and toilet facilities that do not have windows shall have forced ventilation to the outside. Bathroom windows that are used for ventilation shall open easily.
At the time of ins working properly	spection, forced ventilation in both bathrooms did not appear to be

IV. RECOMMENDATION

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

Shamidah Wyden Date Licensing Consultant