



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

ORLENE HAWKS
DIRECTOR

May 23, 2022

Cynthia Fox
2145 Baker Street
Muskegon Height, MI 49444

RE: License #:	AS610012250 Baker Haven Home 2145 Baker Street Muskegon Heights, MI 49444
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Dear Mrs. Fox:

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.

- You have submitted an acceptable Statement of Correction.

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

License #:	AS610012250
Licensee Name:	Cynthia Fox
Licensee Address:	2145 Baker Street Muskegon Height, MI 49444
Licensee Telephone #:	(231) 760-6222
Licensee/Licensee Designee:	Cynthia Fox
Administrator:	Cynthia Fox
Name of Facility:	Baker Haven Home
Facility Address:	2145 Baker Street Muskegon Heights, MI 49444
Facility Telephone #:	(231) 760-6222
Original Issuance Date:	06/01/1989
Capacity:	6
Program Type:	PHYSICALLY HANDICAPPED DEVELOPMENTALLY DISABLED MENTALLY ILL AGED

II. METHODS OF INSPECTION

Date of On-site Inspection(s): 05/10/2022

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 0
No. of others interviewed 2 Role: Cynthia & David Fox

- Medication pass / simulated pass observed? Yes No If no, explain. At the time of the inspection, resident medications were not administered. A review of the resident medications and MAR was conducted.
- 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.
- 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:	
R 400.14401	Environmental health.
	(2) Hot and cold running water that is under pressure shall be provided. A licensee shall maintain the hot water temperature for a resident's use at a range of 105 degrees Fahrenheit to 120 degrees Fahrenheit at the faucet.
<p>Finding: The water temperature in the kitchen and bathrooms is 135 degrees Fahrenheit.</p> <p>Licensee Response: Ms. Fox stated the water temperature will be turned down to meet the 105-120 degrees Fahrenheit rule.</p>	
R 400.14403	Maintenance of premises.
	(11) Handrails and nonskid surfacing shall be installed in showers and bath areas.
<p>Finding: The resident bathroom on the upper level of the facility is not equipped with a handrail/grab bar in the shower/bath area.</p> <p>Licensee Response: Ms. Fox stated a grab bar will be added to the resident shower/bath area as soon as possible.</p>	
R 400.14407	Bathrooms.
	(3) Bathrooms shall have doors. Only positive-latching, non-locking-against-egress hardware may be used. Hooks and eyes, bolts, bars, and other similar devices shall not be used on bathroom doors.

<p>Finding: The ½ bath on the main level of the facility is not equipped with a non-locking against egress handle on the bathroom door.</p> <p>Licensee Response: Ms. Fox stated the bathroom is only occasionally used by residents and will be equipped with non-locking against egress hardware.</p>	
R 400.14507	Means of egress generally.
	(5) A door that forms a part of a required means of egress shall be not less than 30 inches wide and shall be equipped with positive-latching, non-locking-against-egress hardware.
<p>Finding: Exit doors to the outside of the main floor of the facility are not equipped with non-locking against egress hardware and some have sliding locks.</p> <p>Licensee Response: Ms. Fox stated she will make sure the egress doors are equipped with non-locking against egress hardware.</p>	

A corrective action plan was requested and approved on 05/10/2022. 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.

Mr. & Ms. Fox stated corrections will be made as soon as possible.

IV. RECOMMENDATION

I recommend issuance of a 2-year regular adult foster care license.



05/23/2022

Elizabeth Elliott
Licensing Consultant

Date