



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

ORLENE HAWKS
DIRECTOR

June 10, 2022

30744 White Oak Drive
Bangor, MI 49013

RE: License #: AS800379702
Engedi AFC
12 E. Arlington
Bangor, MI 49013

Dear Ms. Springett:

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 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 (517) 284-9730.

Sincerely,

Kristy Duda, Licensing Consultant
Bureau of Community and Health Systems
Unit 13, 7th Floor
350 Ottawa, N.W.
Grand Rapids, MI 49503

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

I. IDENTIFYING INFORMATION

License #:	AS800379702
Licensee Name:	Lisa Springett
Licensee Address:	30744 White Oak Drive Bangor, MI 49013
Licensee Telephone #:	(269) 217-9359
Administrator:	Lisa Springett
Name of Facility:	Engedi AFC
Facility Address:	12 E. Arlington Bangor, MI 49013
Facility Telephone #:	(296) 427-5879
Original Issuance Date:	01/06/2016
Capacity:	5
Program Type:	DEVELOPMENTALLY DISABLED MENTALLY ILL

II. METHODS OF INSPECTION

Date of On-site Inspection(s): 5/25/2022

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 1

No. of residents interviewed and/or observed 2

No. of others interviewed 1 Role: Licensee

- 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 No If no, explain.
- Meal preparation / service observed? Yes No If no, explain.
Inspection occurred between mealtimes.
- 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.
The water temperature was measured to be 131 degrees Fahrenheit.
- Incident report follow-up? Yes No If no, explain.
There were not any incident reports requiring follow-up.
- 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 330.1803 Facility environment; fire safety.

(4) A facility that has a capacity of 3 or fewer clients shall conduct and document fire drills 4 times a year. Two of the 4 fire drills shall be conducted during sleeping hours.

The fire drill log was reviewed and two fire drills were not conducted during sleeping hours.

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

(4) At the time of admission, and at least annually, a written assessment plan shall be completed with the resident or the resident's designated representative, the responsible agency, if applicable, and the licensee. A licensee shall maintain a copy of the resident's written assessment plan on file in the home.

An annual resident care agreement and resident assessment plan was not completed for Resident A.

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:**
 - (i) The medication.**
 - (ii) The dosage.**
 - (iii) Label instructions for use.**
 - (iv) Time to be administered.**
 - (v) The initials of the person who administers the medication, which shall be entered at the time the medication is given.**

The medication log for Resident B did not match the prescription medications packaged by the pharmacy.

R 400.14316

Resident records.

(1) A licensee shall complete, and maintain in the home, a separate record for each resident and shall provide record information as required by the department. A resident record shall include, at a minimum, all of the following information:

(d) Health care information, including all of the following:

(i) Health care appraisals.

Resident A and C did not have an annual health care appraisal completed and signed by their physician.

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.

The water temperature was measured to be 130 degrees Fahrenheit.

IV. RECOMMENDATION

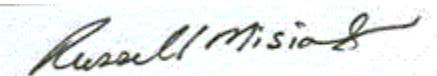
Contingent upon receipt of an acceptable corrective action plan, renewal of the license and special certification is recommended.



5/31/22

Kristy Duda
Licensing Consultant

Date



6/10/22

Russell Misiak
Area Manager

Date