



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

ORLENE HAWKS
DIRECTOR

July 5, 2022

Patricia Crawford
6254 N. 37th St.
Richland, MI 49083

RE: License #: AF390254614
Family Living AFC, Inc.
6254 N. 37th Street
Richland, MI 49083

Dear Ms. Crawford:

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, for the developmentally disabled and mentally ill, 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,

A handwritten signature in black ink that reads "Cathy Cushman". The signature is written in a cursive, flowing style.

Cathy Cushman, Licensing Consultant
Bureau of Community and Health Systems
611 W. Ottawa Street
P.O. Box 30664
Lansing, MI 48909
(269) 615-5190

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

I. IDENTIFYING INFORMATION

License #:	AF390254614
Licensee Name:	Patricia Crawford
Licensee Address:	6254 N. 37th St. Richland, MI 49083
Licensee Telephone #:	(269) 731-4025
Licensee Designee:	N/A
Administrator:	N/A
Name of Facility:	Family Living AFC, Inc.
Facility Address:	6254 N. 37th Street Richland, MI 49083
Facility Telephone #:	(269) 731-4025
Original Issuance Date:	03/24/2003
Capacity:	6
Program Type:	PHYSICALLY HANDICAPPED DEVELOPMENTALLY DISABLED MENTALLY ILL TRAUMATICALLY BRAIN INJURED

II. METHODS OF INSPECTION

Date of On-site Inspection: 07/01/2022

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 2

No. of residents interviewed and/or observed 5

No. of others interviewed [redacted] Role: [redacted]

- 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.
Due to the time of the on-site inspection, a meal was not observed; however, sufficient food was in the facility.
- 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 330.1803 Facility environment; fire safety.

(1) A facility that has a capacity of 4 to 6 clients shall be equipped with an interconnected multi-station smoke detection system which is powered by the household electrical service and which, when activated, initiates an alarm that is audible in all areas of the home. The smoke detection system shall be installed on all levels, including basements, common activity areas, and outside each sleeping area, but excluding crawl spaces and unfinished attics, so as to provide full coverage of the home. The system shall include a battery backup to assure that the system is operable if there is an electrical power failure and accommodate the sensory impairments of clients living in the facility, if needed. A fire safety system shall be installed in accordance with the manufacturer's instructions by a licensed electrical contractor and inspected annually. A record of the inspections shall be maintained at the facility.

FINDING: There was no documentation confirming an annual inspection of the facility's interconnected multi-station smoke detection system.

REPEAT VIOLATION ESTABLISHED

[SEE 2020 RENEWAL LSR, DATED 08/05/2020, AND CAP, DATED 08/04/2022]

R 330.1803 Facility environment; fire safety.

(3) A facility that has a capacity of 4 or more clients shall conduct and document fire drills at least once during daytime, evening, and sleeping hours during every 3 month period.

FINDING: According to my review of the facility's fire drills, fire drills were not being practiced at least once during daytime, evening and sleeping hours every three months, as required.

R 330.1806 Staffing levels and qualifications.

(2) All staff who work independently and staff who function as lead workers with clients shall have successfully

completed a course of training which imparts basic concepts required in providing specialized dependent care and which measures staff comprehension and competencies to deliver each client's individual plan of service as written. Basic training shall address all of the following areas:

(a) An introduction to community residential services and the role of direct care staff.

(b) An introduction to the special needs of clients who have developmental disabilities or have been diagnosed as having a mental illness. Training shall be specific to the needs of clients to be served by the home.

(c) Basic interventions for maintaining and caring for a client's health, for example, personal hygiene, infection control, food preparation, nutrition and special diets, and recognizing signs of illness.

(d) Basic first aid and cardiopulmonary resuscitation

(e) Proper precautions and procedures for administering prescriptive and nonprescriptive medications.

(f) Preventing, preparing for, and responding to environmental emergencies, for example, power failures, fires, and tornados.

(g) Protecting and respecting the rights of clients, including providing client orientation with respect to the written policies and procedures of the licensed facility.

(h) Non-aversive techniques for the prevention and treatment of challenging behavior of clients.

FINDING: There was no documentation confirming direct care staff, Crystal Nash, who works independently with residents, had completed training and was competent in the following areas, as required: introduction to community residential services, introduction to the special needs of residents, basic interventions, precaution and procedures for administering medications, preventing, preparing for and responding to environmental emergencies, resident rights, and non-aversive techniques for challenging behaviors.

R 400.1405

Health of a licensee, responsible person, and member of the household.

(3) A licensee shall provide the department with written evidence that he or she and each responsible person in the home is free from communicable tuberculosis. Verification shall be within the 3-year period before employment and verification shall occur every 3 years thereafter.

FINDING: The licensee, Ms. Crawford, stated she did not have a current TB test, as required.

REPEAT VIOLATION ESTABLISHED

[SEE 2020 RENEWAL LSR, DATED 08/05/2020, AND CAP, DATED 08/04/2022]

R 400.1407

Resident admission and discharge criteria; resident assessment plan; resident care agreement; house guidelines; fee schedule; physicians' instructions; health care appraisal.

(5) At the time of a resident's admission, a licensee shall complete a written resident care agreement which shall be established between the resident or the resident's designated representative, the responsible agency, and the licensee. A department form shall be used unless prior authorization for a substitute form has been granted in writing by the department. A resident shall be provided the care and services as stated in the written resident care agreement.

(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 often if necessary.

FINDING: There was no indication *Resident Care Agreements* (RCA) were being reviewed on an annual basis, as required.

Resident A's RCA was last completed in March 2021. Resident B's RCA was signed by the licensee in 12/2020, but Resident B's guardian signed in 12/2021.

Resident C was admitted to the facility in May 2022; however, there was no RCA in her resident record indicating one had been completed at admission. Additionally, neither Resident D nor Resident E had an RCA in their resident records for review.

R 400.1407 **Resident admission and discharge criteria; resident assessment plan; resident care agreement; house guidelines; fee schedule; physicians' instructions; health care appraisal.**

(9) If a resident is not under the care of a physician at the time of the resident's admission to the home, the licensee shall require that the resident or the resident's designated representative provide a written health care appraisal completed within the 90-day period before the resident's admission to the home. If a written health care appraisal is not available, a licensee shall require that the appraisal be obtained not later than 30 days after admission. A department form shall be used unless prior authorization for a substitute form has been granted in writing by the department.

FINDING: Resident C was admitted to the facility in May 2022; however, there was no *Health Care Appraisal* (HCA) in her resident record, as required.

R 400.1416 **Resident health care.**

(3) A licensee shall record the weight of a resident upon admission and monthly thereafter. Weight records shall be kept on file for 2 years.

FINDING: Resident weights were not being recorded monthly, as required.

R 400.1418 **Resident medications.**

(7) Prescription medication which is no longer required by a resident shall be destroyed after consultation with a physician or a pharmacist.

FINDING: Resident D's Lorazepam prescription was still in the medication cart; despite it not being listed on her Medication Administration Record. Direct care staff, Crystal Nash, indicated the medication had been discontinued; however, it was not removed from the cart.

R 400.1421 Handling of resident funds and valuables.

(3) A licensee shall have a resident's funds and valuables transaction form completed and on file for each resident. A department form shall be used unless prior authorization for a substitute form has been granted in writing by the department.

FINDING: Resident Funds II forms, documenting Adult Foster Care payments, were not available for review in Resident B's, C's, and E's resident records.

R 400.1426 Maintenance of premises.

(1) The premises shall be maintained in a clean and safe condition.

FINDING: The master bedroom on the facility's main level was observed with several oxygen tanks in it. A one day supply (or one canister if the canister holds more than a one-day supply) is permitted in the room where it is being used; however, oxygen in excess of a one day supply is to be stored in a separate room used for no other purpose or storage. A rack or fastening device must be used to protect cylinders from accidental damage or from falling over.

IV. RECOMMENDATION

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



07/05/2022

Licensing Consultant

Date