



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

ORLENE HAWKS
DIRECTOR

July 7, 2022

Robert Miniati
Advanced Adult Foster Care, Inc.
Paw Paw, MI 49079 PO Box 371

RE: License #: AS800315037
Advanced Adult Foster Care
202 Corwin Meadows Drive
Lawrence, MI 49064

Dear Mr. Miniati:

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
350 Ottawa, N.W.
Grand Rapids, MI 49503

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

I. IDENTIFYING INFORMATION

License #: AS800315037

Licensee Name: Advanced Adult Foster Care, Inc.

Licensee Address: 50211 County Road 652
Mattawan, MI 49071

Licensee Telephone #: (269) 760-9692

Licensee/Licensee Designee: Robert Miniati

Administrator: Robert Miniati

Name of Facility: Advanced Adult Foster Care

Facility Address: 202 Corwin Meadows Drive
Lawrence, MI 49064

Facility Telephone #: (269) 674-3051

Original Issuance Date: 01/05/2012

Capacity: 5

Program Type: DEVELOPMENTALLY DISABLED
MENTALLY ILL

II. METHODS OF INSPECTION

Date of On-site Inspection(s): 06/08/2022

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 3

No. of others interviewed 0 Role: N/A

- 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. The home did not have documents available for review at the time of inspection.
- 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. The water temperature was measured to be 119 degrees fahrenheit.
- Incident report follow-up? Yes No If no, explain. There were not any incident reports submitted 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 400.14205 **Health of a licensee, direct care staff, administrator, other employees, those volunteers under the direction of the licensee, and members of the household.**

(5) A licensee shall obtain written evidence, which shall be available for department review, that each direct care staff, other employees, and members of the household have been tested for communicable tuberculosis and that if the disease is present, appropriate precautions shall be taken as required by state law. Current testing shall be obtained before an individual's employment, assumption of duties, or occupancy in the home. The results of subsequent testing shall be verified every 3 years thereafter or more frequently if necessary.

Two staff members, Rebecca Marsh and Leann McLemore, tuberculosis screenings were expired and there was not documentation to verify subsequent testing.

R 400.14209 **Home records; generally.**

**(1) A licensee shall keep, maintain, and make available for department review, all the following home records:
(p) Fire detection and sprinkler equipment inspection and approval records, if applicable.**

The licensee did not have documentation available to verify an annual inspection was completed on the smoke detectors.

R 400.14301 **Resident admission criteria; health care appraisal.**

(10) At the time of the resident's admission to the home, a licensee shall require that the resident or the resident's designated representative provide a written health care appraisal that is completed within the 90-day period before the resident's admission to the home. A written health care appraisal shall be completed at least annually. If a written health care appraisal is not available at the time of an emergency admission, a licensee shall require that the appraisal be obtained not later than 30 days after admission. A department health care appraisal form shall

be used unless prior authorization for a substitute form has been granted, in writing, by the department.

Two resident files did not have annual health care appraisals available for review.

R 400.14301 Resident admission criteria; resident assessment plan

(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.

Three resident files did not have signed or completed resident assessment plans.

R 400.14301 Resident admission criteria; resident care agreement

(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.

Three resident files did not have signed or completed resident care agreements.

R 400.14310 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.

The home did not have documentation available to verify resident weights are recorded monthly.

R 400.14315 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.

The home did not have documentation available to review resident funds and transactions.

IV. RECOMMENDATION

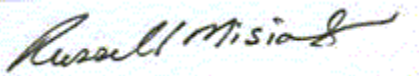
Contingent upon receipt of an acceptable corrective action plan, renewal of the license and special certification is recommended.



7/7/22

Date

Licensing Consultant



7/7/22

Date

Russell Misiak
Area Manager