



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

ORLENE HAWKS
DIRECTOR

April 22, 2022

Christine Decker
9914 E ML Ave.
Galesburg, MI 49053

RE: License #: AF390384856
CD Mended Hearts AFC Home
9914 E ML Ave.
Galesburg, MI 49053

Dear Mrs. Decker:

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 a special certification for the developmentally disabled, 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

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

I. IDENTIFYING INFORMATION

License #:	AF390384856
Licensee Name:	Christine Decker
Licensee Address:	9914 E ML Ave. Galesburg, MI 49053
Licensee Telephone #:	(269) 598-7923
Licensee Designee:	N/A
Administrator:	N/A
Name of Facility:	CD Mended Hearts AFC Home
Facility Address:	9914 E ML Ave. Galesburg, MI 49053
Facility Telephone #:	(269) 598-7923
Original Issuance Date:	11/20/2017
Capacity:	5
Program Type:	DEVELOPMENTALLY DISABLED

II. METHODS OF INSPECTION

Date of On-site Inspection(s): 04/22/2022

Date of Bureau of Fire Services Inspection if applicable: N/A

Date of Health Authority Inspection if applicable: 01/25/2022

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 4
No. of others interviewed Role:

- 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.
On-site did not take place during a meal time; however, food was observed 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 400.1418 Resident medications.

(5) Prescription medication shall be kept in the original pharmacy-supplied and pharmacy-labeled container, stored in a locked cabinet or drawer, refrigerated if required, and labeled for the specific resident.

FINDING: Resident A's prescribed mouthwash, Cholorex GLU SOL 0.12%, was not being kept in a locked cabinet or drawer, as required. During the on-site inspection, the licensee locked the medication in the facility's medication cart.

R 400.1421 Handling of resident funds and valuables.

(10) Charges against the resident's account shall not exceed the agreed price for the services rendered and goods furnished or made available by the home to the resident.

FINDING: Resident B's *Resident Care Agreement (RCA)*, dated 10/01/2021, indicated \$907.50 was the agreed upon basic fee for Adult Foster Care payments to the facility; however, my review of Resident B's Resident Funds II form for Adult Foster Care payments received by the licensee for January, February, March, and April 2022 indicated the licensee was accepting \$954.50 per month. The licensee stated the resident's social security increased in January, but the resident's contract through his local community mental health agency didn't renew until October 2022, which is when she planned to update the RCA.

IV. RECOMMENDATION

Contingent upon receipt of an acceptable corrective action plan, renewal of the license and special certification license for the developmentally disabled population, are recommended.



04/22/2022

Cathy Cushman
Licensing Consultant

Date