



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

ORLENE HAWKS  
DIRECTOR

September 16, 2022

Trudy Persky  
3328 Kerswill Rd  
Gladwin, MI 48624

RE: License #: AF260015718  
**Persky's AFC Home**  
**3328 Kerswill Rd**  
**Gladwin, MI 48624**

Dear Ms. Persky:

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. To verify your implementation and compliance with this corrective action plan:

- You are to submit documentation of compliance.

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 cursive script that reads "Rodney Gill".

Rodney Gill, Licensing Consultant  
Bureau of Community and Health Systems  
611 W. Ottawa Street  
P.O. Box 30664  
Lansing, MI 48909

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

**I. IDENTIFYING INFORMATION**

<b>License #:</b>	AF260015718
<b>Licensee Name:</b>	Trudy Persky
<b>Licensee Address:</b>	3328 Kerswill Rd Gladwin, MI 48624
<b>Licensee Telephone #:</b>	(517) 426-1949
<b>Licensee Designee:</b>	N/A
<b>Administrator:</b>	N/A
<b>Name of Facility:</b>	Persky's AFC Home
<b>Facility Address:</b>	3328 Kerswill Rd Gladwin, MI 48624
<b>Facility Telephone #:</b>	(989) 426-1949
<b>Original Issuance Date:</b>	03/07/1994
<b>Capacity:</b>	4
<b>Program Type:</b>	DEVELOPMENTALLY DISABLED

## II. METHODS OF INSPECTION

Date of On-site Inspection(s): 08/30/2022

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

Date of Health Authority Inspection if applicable: 06/13/2022

No. of staff interviewed and/or observed 2

No. of residents interviewed and/or observed 2

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.
- 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 determined to be in substantial compliance with rules and requirements.

This facility was found to be in non-compliance with the following rules:

**R 400.1405 Health of a licensee, responsible person, and member of the household.**

**(2) A licensee shall have on file with the department a statement signed by a licensed physician or his or her designee with regard to his or her knowledge of the physical health of the licensee and each responsible person. The statement shall be signed within 6 months before the issuance of a license and at any other time requested by the department.**

Responsible person James Persky did not have a statement signed by a licensed physician or his/her designee in his employee file indicating his/her knowledge of the physical health of Mr. Persky.

**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.**

Responsible person James Persky did not have verification he is free from tuberculosis within the past three years.

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

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.

Resident A and Resident B do not have updated Resident Care Agreements in their  
Resident Records listing what they pay for room and board.

**R 400.1426                      Maintenance of premises.**

(9) Handrails and nonskid surfacing shall be installed in showers  
and bath areas.

Nonskid surfacing was not properly installed in the shower/bath area.

A corrective action plan was requested and approved on 08/30/2022. 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.

**IV. RECOMMENDATION**

An acceptable corrective action plan has been received. Renewal of the license is  
recommended.



09/16/2022

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Rodney Gill  
Licensing Consultant

Date