

GRETCHEN WHITMER GOVERNOR

## STATE OF MICHIGAN DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS LANSING

ORLENE HAWKS DIRECTOR

September 7, 2022

Colene Snowden 18331 Tipsico Lake R Fenton, MI 48430

RE: License #: AF630004934

**Snowden AFC** 

18331 Tipsico Lake Road

Fenton, MI 48430

Dear Mrs. Snowden:

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.

The study has determined substantial compliance with applicable licensing statutes and administrative rules. Therefore, your license is renewed. It is valid only at your present address and is nontransferable.

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 (248) 975-5053.

Sincerely,

Sheena Bowman, Licensing Consultant Bureau of Community and Health Systems 4th Floor, Suite 4B 51111 Woodward Avenue

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Pontiac, MI 48342

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

## I. IDENTIFYING INFORMATION

**License #:** AF630004934

Licensee Name: Colene Snowden

Licensee Address: 18331 Tipsico Lake R

Fenton, MI 48430

**Licensee Telephone #:** (810) 629-0251

Licensee/Licensee Designee: Colene Snowden

Administrator:

Name of Facility: Snowden AFC

Facility Address: 18331 Tipsico Lake Road

Fenton, MI 48430

**Facility Telephone #:** (810) 629-0251

Original Issuance Date: 12/17/1988

Capacity: 5

Program Type: DEVELOPMENTALLY DISABLED

## **II. METHODS OF INSPECTION**

Date of On-site Inspection(s): 09/06/2022	
Date of Bureau of Fire Services Inspection if applicable: N/A	
Date of Health Authority Inspection if applicable: 07/06/22	
Insp	ection Type:
No. of staff interviewed and/or observed  No. of residents interviewed and/or observed  No. of others interviewed  Role:	
•	Medication pass / simulated pass observed? Yes $\boxtimes$ No $\square$ If no, explain.
•	Medication(s) and medication record(s) reviewed? Yes $\boxtimes$ No $\square$ If no, explain
•	Resident funds and associated documents reviewed for at least one resident? Yes $\boxtimes$ No $\square$ If no, explain.  Meal preparation / service observed? Yes $\square$ No $\boxtimes$ If no, explain. It was not meal time during the onsite.  Fire drills reviewed? Yes $\boxtimes$ No $\square$ If no, explain.
•	Fire safety equipment and practices observed? Yes $\boxtimes$ No $\square$ 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 400.1407

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

(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.

A 2021 resident care agreement for Resident A and Resident B was not signed by their guardians.

R 400.1418 Resident medications.

(2) Medication shall be given pursuant to label instructions.

Resident A's natural fiber lax powder was not in the home therefore; he is not getting this medication everyday as prescribed.

A corrective action plan was requested and approved on 09/06/2022. 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.

Sheena Bowman Licensing Consultant

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09/07/22 Date