



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

ORLENE HAWKS  
DIRECTOR

August 29, 2022

Margaret Themm-Morrissey  
5986 Rockcroft Blvd.  
Clarkston, MI 48346

RE: License #: AF630299603  
Autumn Days AFC  
5986 Rockcroft Blvd.  
Clarkston, MI 48346

Dear Ms. Themm-Morrissey:

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 (248) 975-5053.

Sincerely,

A handwritten signature in cursive script that reads "Kristen Donnay". The signature is written in a dark ink and is positioned below the word "Sincerely,".

Kristen Donnay, Licensing Consultant  
Bureau of Community and Health Systems  
Cadillac Place  
3026 W. Grand Blvd., Ste. 9-100  
Detroit, MI 48202  
(248) 296-2783

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

**I. IDENTIFYING INFORMATION**

<b>License #:</b>	AF630299603
<b>Licensee Name:</b>	Margaret Themm-Morrissey
<b>Licensee Address:</b>	5986 Rockcroft Blvd. Clarkston, MI 48346
<b>Licensee Telephone #:</b>	(248) 623-2846
<b>Name of Facility:</b>	Autumn Days AFC
<b>Facility Address:</b>	5986 Rockcroft Blvd. Clarkston, MI 48346
<b>Facility Telephone #:</b>	(248) 623-2846
<b>Original Issuance Date:</b>	11/04/2009
<b>Capacity:</b>	6
<b>Program Type:</b>	PHYSICALLY HANDICAPPED ALZHEIMERS AGED

## II. METHODS OF INSPECTION

Date of On-site Inspection(s): 08/29/2022

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

Date of Health Authority Inspection if applicable: 07/12/2022

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 6  
No. of others interviewed 2 Role: Licensees

- 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.  
Inspection did not occur during meal time
- 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:

<b>MCL 400.734b</b>	<b>Employing or contracting with certain employees providing direct services to residents; prohibitions; criminal history check; exemptions; written consent and identification; conditional employment; use of criminal history record information; disclosure; failure to conduct criminal history check; automated fingerprint identification system database; report to legislature; costs; definitions.</b>
	<p>(2) Except as otherwise provided in this subsection or subsection (6), an adult foster care facility shall not employ or independently contract with an individual who has direct access to residents until the adult foster care facility or staffing agency has conducted a criminal history check in compliance with this section or has received criminal history record information in compliance with subsections (3) and (11). This subsection and subsection (1) do not apply to an individual who is employed by or under contract to an adult foster care facility before April 1, 2006. On or before April 1, 2011, an individual who is exempt under this subsection and who has not been the subject of a criminal history check conducted in compliance with this section shall provide the department of state police a set of fingerprints and the department of state police shall input those fingerprints into the automated fingerprint identification system database established under subsection (14). An individual who is exempt under this subsection is not limited to working within the adult foster care facility with which he or she is employed by or under independent contract with on April 1, 2006 but may transfer to another adult foster care facility, mental health facility, or covered health facility. If an individual who is exempt under this subsection is subsequently convicted of a crime or offense described under subsection (1)(a) to (g) or found to be the subject of a substantiated finding described under subsection (1)(i) or an order or disposition described under subsection (1)(h), or is found to have been convicted of a relevant crime described under 42 USC 1320a-7(a), he or she is no longer exempt and shall be terminated from employment or denied employment.</p>

During the onsite inspection, the employee file for responsible person Jessica Bailey did not contain verification of fingerprinting through the Michigan Workforce Background Check system.

<b>R 400.1405</b>	<b>Health of a licensee, responsible person, and member of the household.</b>
	(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.

During the onsite inspection, the employee file for responsible person Jessica Bailey did not contain a physician statement that was obtained at the time of hire. (Hire date: 04/17/21; Physical dated: 08/18/22.)

<b>R 400.1405</b>	<b>Health of a licensee, responsible person, and member of the household.</b>
	(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.

During the onsite inspection, the employee file for responsible person Jessica Bailey did not contain verification of TB testing that was obtained at the time of hire. (Hire date: 04/17/21; TB Verification dated: 08/18/22.)

<b>R 400.1407</b>	<b>Resident admission and discharge criteria; resident assessment plan; resident care agreement; house guidelines; fee schedule; physicians instructions; health care appraisal.</b>
	(3) In situations where a resident is referred for admission, the resident assessment plan shall be conducted in conjunction with the resident or the resident's designated representative, the responsible agency, and the licensee. A licensee shall maintain a copy of the resident's written assessment plan on file in the home.

During the onsite inspection:

- Resident B's file did not contain an assessment plan that was completed at the time of her admission (Admission date: 01/27/21; Assessment Plan dated: 01/27/22.)
- Resident R's assessment plan was not signed by the designated representative.

<b>R 400.1407</b>	<b>Resident admission and discharge criteria; resident assessment plan; resident care agreement; house guidelines; fee schedule; physicians instructions; health care appraisal.</b>
	(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.

During the onsite inspection:

- Resident B's file did not contain a resident care agreement that was completed at the time of admission (Admission date: 01/27/21; Resident Care Agreement dated: 01/30/22.)
- Resident R's file did not contain a resident care agreement completed on the department form.
- Resident J's resident care agreement did not specify the amount being charged for cost of care.

<b>R 400.1418</b>	<b>Resident medications.</b>
	(2) Medication shall be given pursuant to label instructions.

Resident J's prescription for Haloperidol 2mg stated take 1 tablet by mouth twice daily as needed. Resident J's medication administration records showed that she was not receiving the medication as a PRN and was getting the medication twice daily.

<b>R 400.1421</b>	<b>Handling of resident funds and valuables.</b>
	(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.

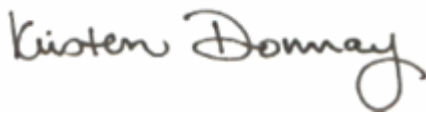
During the onsite inspection, Resident B's Funds Part II form did not reflect the correct amount for cost of care payments. The resident care agreement showed her cost of care was \$2500 monthly, but the Funds Part II form showed that she was being charged \$2000 monthly.

<b>R 400.1430</b>	<b>Bathrooms.</b>
	(2) Bathroom doors may be equipped with positive latching, non-locking-against-egress hardware. Hooks and eyes, bolts, bars, and other similar devices shall not be used on bathroom doors.

During the onsite inspection, the bathroom door was not equipped with non-locking against egress hardware. The handle was installed so the door could be locked from the outside.

#### **IV. RECOMMENDATION**

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



08/29/2022

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Kristen Donnay  
Licensing Consultant

Date