



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

ORLENE HAWKS
DIRECTOR

August 9, 2022

Mary Beth Stewart
Country Square Adult Foster Care LLC
1929 11 Mile Road
Auburn, MI 48611

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| RE: License #: | AL090402268 Country Square AFC 1929 11 Mile Road Auburn, MI 48611 |
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Dear Ms. Stewart:

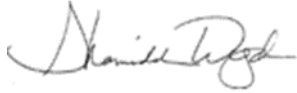
Attached is the Renewal Licensing Study Report for the facility referenced above. The violations cited in the report require the submission of a written corrective action plan. The corrective action plan is due 15 days from the date of this letter and must include the following:

- 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) 643-7960.

Sincerely,

A handwritten signature in cursive script, appearing to read "Shamidah Wyden".

Shamidah Wyden, Licensing Consultant
Bureau of Community and Health Systems
411 Genesee
P.O. Box 5070
Saginaw, MI 48607
989-395-6853

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

I. IDENTIFYING INFORMATION

| | |
|--------------------------------|---|
| License #: | AL090402268 |
| Licensee Name: | Country Square Adult Foster Care LLC |
| Licensee Address: | 1929 11 Mile Road Auburn, MI 48611 |
| Licensee Telephone #: | (989) 662-4514 |
| Licensee Designee: | Mary Beth Stewart |
| Administrator: | Cajetan Kimfon |
| Name of Facility: | Country Square AFC |
| Facility Address: | 1929 11 Mile Road Auburn, MI 48611 |
| Facility Telephone #: | (989) 662-4514 |
| Original Issuance Date: | 02/25/2020 |
| Capacity: | 20 |
| Program Type: | PHYSICALLY HANDICAPPED DEVELOPMENTALLY DISABLED MENTALLY ILL ALZHEIMERS AGED TRAUMATICALLY BRAIN INJURED |

II. METHODS OF INSPECTION

Date of On-site Inspection(s): 08/03/2022

Date of Bureau of Fire Services Inspection if applicable: 03/29/2022

Date of Health Authority Inspection if applicable: 04/12/2022

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 15
No. of others interviewed 1 Role: Administrator

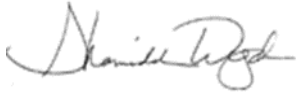
- Medication pass / simulated pass observed? Yes No If no, explain.
- Medication(s) and medication record(s) reviewed? Yes No If no, explain.
- Resident funds and associated documents reviewed for at least one resident? Yes No If no, explain.
- Meal preparation / service observed? Yes No If no, explain.
- 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. There were no incident reports 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

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| This facility was found to be in non-compliance with the following rules: | |
| R 400.15312 | Resident medications. |
| | (4)(b) Complete an individual medication log that contains all of the following information: (v) The initials of the person who administers the medication, which shall be entered at the time the medication is given. |
| At the time of inspection, there were multiple staff initials missing from the medication administration logs, for multiple residents, for 08/01/2022 and 08/02/2022. | |
| R 400.15318 | Emergency preparedness; evacuation plan; emergency transportation. |
| | (5) A licensee shall practice emergency and evacuation procedures during daytime, evening, and sleeping hours at least once per quarter. A record of the practices shall be maintained and be available for department review. |
| At the time of inspection, fire drills were reviewed. Based on the documentation, the time of day the drills were conducted were undeterminable in regard to whether they were completed during the daytime, evening, or sleeping hours. | |
| R 400.15402 | Food service. |
| | (3) All perishable food shall be stored at temperatures that will protect against spoilage. All potentially hazardous food shall be kept at safe temperatures. This means that all cold foods are to be kept cold, 40 degrees Fahrenheit or below, and that all hot foods are to be kept hot, 140 degrees Fahrenheit or above, except during periods that are necessary for preparation and service. Refrigerators and freezers shall be equipped with approved thermometers. |
| At the time of inspection, the downstairs freezer in the laundry area of the home was not equipped with a thermometer. | |

IV. RECOMMENDATION

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



08/09/2022

Shamidah Wyden
Licensing Consultant

Date