

GRETCHEN WHITMER GOVERNOR STATE OF MICHIGAN DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS LANSING

ORLENE HAWKS DIRECTOR

August 19, 2022

Janice Ranger Kra-Nur Manor Inc 4423 Hedgethorn Cr Burton, MI 48509

| RE: License #: | AS250080803 |
|----------------|-------------------|
| | Bristol Manor |
| | 9178 Bristol Rd |
| | Davison, MI 48423 |

Dear Ms. Ranger:

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,

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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 #: | AS250080803 | | |
|-------------------------|--------------------|--|--|
| - | | | |
| Licensee Name: | Kra-Nur Manor Inc | | |
| | | | |
| Licensee Address: | 4423 Hedgethorn Cr | | |
| | Burton, MI 48509 | | |
| | | | |
| Licensee Telephone #: | (810) 348-0752 | | |
| | | | |
| Licensee Designee: | Janice Ranger | | |
| | | | |
| Administrator: | Janice Ranger | | |
| Name of Facility: | Bristol Manor | | |
| | | | |
| Facility Address: | 9178 Bristol Rd | | |
| | Davison, MI 48423 | | |
| | , | | |
| Facility Telephone #: | (810) 412-0856 | | |
| | | | |
| Original Issuance Date: | 03/13/2000 | | |
| | | | |
| Capacity: | 6 | | |
| | | | |
| Program Type: AGED | | | |

II. METHODS OF INSPECTION

| Date of On-site Inspection(s): | | 08/17/2022 | | |
|---|-------------------------------|------------|-----------------------------------|--|
| Date of Bureau of Fire Services Inspection if applicable: N/A | | | | |
| Date of Health Authority Inspection if applicable: 06/07/2022 | | | | |
| Inspection Type: | Interview and Obs Combination | ervation | ⊠ Worksheet □ Full Fire Safety | |
| No. of staff interviewed and/or observed1No. of residents interviewed and/or observed3No. of others interviewedRole: | | | | |
| • 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 No I If no, explain. Meal preparation / service observed? Yes No X If no, explain. This inspection was not completed during a meal time. Fire drills reviewed? Yes No I If no, explain. | | | | |
| ■ Fire safety equipment and practices observed? Yes | | | | |
| 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 recent 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 🗌 (p | lease explain) No 🗌 | N/A 🖂 | | |

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

| This facility was found to be in non-compliance with the following rules: | | |
|---|---|--|
| R 400.14306 | Use of assistive devices. | |
| | (3) Therapeutic supports shall be authorized, in writing, by a licensed physician. The authorization shall state the reason for the therapeutic support and the term of the authorization. | |
| At the time of ins A's walker. | spection, there was no physician authorization on file for Resident | |

IV. RECOMMENDATION

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

08/19/2022

Shamidah Wyden Licensing Consultant Date