



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

ORLENE HAWKS
DIRECTOR

October 17, 2022

Gloria Guthrie
Pelcher AFC Home Inc
9084 E Weidman
Mt. Pleasant, MI 48858

RE: License #: AS370069126
Pelchers I
4480 N Shepherd Rd
Mt Pleasant, MI 48858

Dear Ms. Guthrie:

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 by sending a picture to my email or phone.

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,

Jennifer Browning

Jennifer Browning, Licensing Consultant
Bureau of Community and Health Systems
Browningj1@michigan.gov - (989) 444-9614

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

I. IDENTIFYING INFORMATION

License #:	AS370069126
Licensee Name:	Pelcher AFC Home Inc
Licensee Address:	9084 E Weidman Mt. Pleasant, MI 48858
Licensee Telephone #:	(989) 433-5386
Licensee Designee:	Gloria Guthrie
Administrator:	Gloria Guthrie
Name of Facility:	Pelchers I
Facility Address:	4480 N Shepherd Rd Mt Pleasant, MI 48858
Facility Telephone #:	(989) 433-5446
Original Issuance Date:	01/01/1996
Capacity:	4
Program Type:	DEVELOPMENTALLY DISABLED
Certified Programs:	DEVELOPMENTALLY DISABLED

II. METHODS OF INSPECTION

Date of On-site Inspection(s): 10/17/2022

Date of Bureau of Fire Services Inspection if applicable: Not applicable

Date of Environmental/Health Inspection if applicable: 06/14/2022

No. of staff interviewed and/or observed 3

No. of residents interviewed and/or observed 4

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

R 400.14319 Resident transportation.

When a home provides transportation for a resident, the licensee shall assure all of the following:

(b) That a vehicle carries a basic first aid kit.

The vehicle used for resident transportation does not include a basic first aid kit.

A corrective action plan was requested and approved on 10/17/2022. 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 and special certification is recommended.

Jennifer Browning

Jennifer Browning
Licensing Consultant

10/17/2022

Date