



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

ORLENE HAWKS  
DIRECTOR

November 2, 2022

Gerard Lorkowski  
7450 Brockway Road  
Melvin, MI 48454

RE: License #: AF760379279  
**Mattice AFC**  
**7450 Brockway Road**  
**Melvin, MI 48454**

Dear Mr. Lorkowski:

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.

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,

A handwritten signature in blue ink that reads "Kathryn A. Huber".

Kathryn A. Huber, Licensing Consultant  
Bureau of Community and Health Systems  
411 Genesee  
P.O. Box 5070  
Saginaw, MI 48605  
(989) 293-3234

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

**I. IDENTIFYING INFORMATION**

<b>License #:</b>	AF760379279
<b>Licensee Name:</b>	Gerard Lorkowski
<b>Licensee Address:</b>	7450 Brockway Road Melvin, MI 48454
<b>Licensee Telephone #:</b>	(586) 219-1300
<b>Licensee/Licensee Designee:</b>	N/A
<b>Administrator:</b>	
<b>Name of Facility:</b>	Mattice AFC
<b>Facility Address:</b>	7450 Brockway Road Melvin, MI 48454
<b>Facility Telephone #:</b>	(586) 219-1300
<b>Original Issuance Date:</b>	05/09/2016
<b>Capacity:</b>	6
<b>Program Type:</b>	DEVELOPMENTALLY DISABLED AGED

**II. METHODS OF INSPECTION**

Date of On-site Inspection(s): 11/02/2022

Date of Bureau of Fire Services Inspection if applicable:

Date of Health Authority Inspection if applicable: 07/27/2022

No. of staff interviewed and/or observed 1

No. of residents interviewed and/or observed 4

No. of others interviewed 0 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.  
Lunch was being served after the inspection was complete.
- 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>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>
	<p><b>(2) A licensee shall not accept or retain a resident for care unless and until a resident assessment plan is made and it is determined that the resident is suitable pursuant to the following provisions:</b></p> <p><b>(a) The amount of personal care, supervision, and protection required by the resident is available in the home.</b></p> <p><b>(b) The kinds of services and skills required of the home to meet the resident's needs are available in the home.</b></p> <p><b>(c) The resident appears to be compatible with other residents and members of the household.</b></p>
An Assessment Plan for AFC Residents was not completed for the residents in the facility.	
<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>
	<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.</b>

Resident Care Agreements were not completed for the residents in the facility.	
<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.
A Resident Funds and Valuables Form I was not completed for the residents in the facility.	

A corrective action plan was requested and approved on 11/01/2022. 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.

*Kathryn Habe*

11/04/2022

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Licensing Consultant Date