



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

ORLENE HAWKS  
DIRECTOR

November 17, 2022

Tina Griffith  
115 North 3rd St  
Vicksburg, MI 49097

RE: License #: AF390303489  
**South County Home Health Providers**  
**115 North 3rd St**  
**Vicksburg, MI 49097**

Dear Ms. Griffith:

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:

- Submit documentation upon completion of a sleeping hour fire drill in December 2022
- Resident A's completed Health Care Appraisal
- Resident Funds I forms for all four residents
- Picture of the new garbage container with a lid

The study has determined substantial compliance with applicable licensing statutes and administrative rules. Therefore, your license and special certification for the mentally ill and development disabled are renewed. It is valid only at your present address and is nontransferable.

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 black ink that reads "Cathy Cushman". The signature is written in a cursive, flowing style.

Cathy Cushman, Licensing Consultant  
Bureau of Community and Health Systems  
611 W. Ottawa Street  
P.O. Box 30664  
Lansing, MI 48909  
(269) 615-5190

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

**I. IDENTIFYING INFORMATION**

<b>License #:</b>	AF390303489
<b>Licensee Name:</b>	Tina Griffith
<b>Licensee Address:</b>	115 North 3rd St Vicksburg, MI 49097
<b>Licensee Telephone #:</b>	(269) 649-4796
<b>Licensee Designee:</b>	N/A
<b>Administrator:</b>	N/A
<b>Name of Facility:</b>	South County Home Health Providers
<b>Facility Address:</b>	115 North 3rd St Vicksburg, MI 49097
<b>Facility Telephone #:</b>	(269) 649-4796
<b>Original Issuance Date:</b>	03/12/2010
<b>Capacity:</b>	4
<b>Program Type:</b>	PHYSICALLY HANDICAPPED DEVELOPMENTALLY DISABLED MENTALLY ILL TRAUMATICALLY BRAIN INJURED

## II. METHODS OF INSPECTION

Date of On-site Inspection: 11/17/2022

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

Date of Health Authority Inspection if applicable: N/A

No. of staff interviewed and/or observed 1

No. of residents interviewed and/or observed 3

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.  
A meal did not take place during the on-site inspection; however, an abundance of food was observed in the facility.
- 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 330.1803**            **Facility environment; fire safety.**

**(3) A facility that has a capacity of 4 or more clients shall conduct and document fire drills at least once during daytime, evening, and sleeping hours during every 3 month period.**

**FINDING:** There was no documentation confirming sleeping hour fire drills had been completed every three months for 2022, as required.

**R 400.1407**            **Resident admission and discharge criteria; resident assessment plan; resident care agreement; house guidelines; fee schedule; physicians instructions; health care appraisal.**

**(9) If a resident is not under the care of a physician at the time of the resident's admission to the home, the licensee shall require that the resident or the resident's designated representative provide a written health care appraisal completed within the 90-day period before the resident's admission to the home. If a written health care appraisal is not available, a licensee shall require that the appraisal be obtained not later than 30 days after admission. A department form shall be used unless prior authorization for a substitute form has been granted in writing by the department.**

**FINDING:** Resident A was admitted to the facility on 07/30/2022; however, there was no indication a *Health Care Appraisal* was completed 90 prior to admission or within 30 days after admission, as required.

**R 400.1421**            **Handling of resident funds and valuables.**

**(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.**

**FINDING:** A Resident Funds I sheet was not completed for any residents, as required.

**R 400.1424                    Environmental health.**

**(3) All garbage and rubbish containing food wastes shall be kept in leakproof, nonabsorbent containers which shall be kept covered with tight-fitting lids and removed from the premises at least weekly.**

**FINDING:** The facility's garage container in the kitchen was observed without a lid.

**R 400.1426                    Maintenance of premises.**

**(1) The premises shall be maintained in a clean and safe condition.**

**FINDING:** The facility's water temperature was registering at 127 degrees when hot water should register between 105-120 degrees.

A corrective action plan was requested and approved on 11/17/2022. 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 regular license and special certification are recommended.

*Cathy Cushman*

11/17/2022

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Date

Licensing Consultant