

GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS LANSING

ORLENE HAWKS DIRECTOR

December 12, 2022

Susan Turner Copper Country Community Mental Health Srvs Bd 901 W Memorial Drive Houghton, MI 49931

RE: License #: AS310011113

Stepping Stone 903 Sharon Court Houghton, MI 49931

Dear Ms. Turner:

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.

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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) 284-9730.

Sincerely,

Garrett Peters, Licensing Consultant Bureau of Community and Health Systems 234 W. Baraga Ave. Marquette, MI 49855

(906) 250-9318

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

I. IDENTIFYING INFORMATION

License #: AS310011113

Licensee Name: Copper Country Community Mental Health

Srvs Bd

Licensee Address: 901 W Memorial Drive

Houghton, MI 49931

Licensee Telephone #: (906) 482-9400

Licensee Designee: Susan Turner

Administrator: Carilyn Raboin

Name of Facility: Stepping Stone

Facility Address: 903 Sharon Court

Houghton, MI 49931

Facility Telephone #: (906) 487-7727

Original Issuance Date: 06/08/1992

Capacity: 6

Program Type: DEVELOPMENTALLY DISABLED

II. METHODS OF INSPECTION

Date	e of On-site Inspection(s):	12/07/2022	
Date of Bureau of Fire Services Inspection if applicable:			
Date of Environmental/Health Inspection if applicable:			
No.	of staff interviewed and/or observed of residents interviewed and/or observed of others interviewed Role:	3 5	
•	Medication pass / simulated pass observed?	Yes ⊠ No □ If no, explain.	
•	Medication(s) and medication record(s) review	wed? Yes 🗵 No 🗌 If no, explain	
•	Resident funds and associated documents reviewed for at least one resident? Yes \boxtimes No \square If no, explain. Meal preparation / service observed? Yes \square No \boxtimes If no, explain. The home was not serving lunch at the time I was there Fire drills reviewed? Yes \boxtimes No \square If no, explain.		
•	Fire safety equipment and practices observed	d? Yes ⊠ No □ If no, explain.	
•	E-scores reviewed? (Special Certification On If no, explain. Water temperatures checked? Yes ⊠ No □	·, — — —	
•	Incident report follow-up? Yes ⊠ No ☐ If r	no, explain.	
•	Corrective action plan compliance verified? All CAPs from Renewal Inspection on 12/23/2 R400.14301(4), R400.14301(9), R400.14315 R400.14318(5) N/A Number of excluded employees followed-up?	2020 - R400.14301(10), 5(13), R400.14315(6),	
•	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 400.14410 Bedroom furnishings.

- (1) The bedroom furnishings in each bedroom shall include all of the following:
 - (d) At least 1 chair.

R 400.14410 Bedroom furnishings.

(2) A resident bedroom shall be equipped with a mirror that is appropriate for grooming.

IV. RECOMMENDATION

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

12/12/2022

Garrett Peters

Date

Licensing Consultant