

GRETCHEN WHITMER
GOVERNOR

## STATE OF MICHIGAN DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS LANSING

ORLENE HAWKS DIRECTOR

December 9, 2022

Darlene Rothe 6587 E Kinde Rd Port Hope, MI 48468

RE: License #: AF320071117

Rink Afc Home 6587 E Kinde Rd Port Hope, MI 48468

#### Dear Mrs. Rothe:

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) 284-9730.

Sincerely,

Kathryn A. Huber, Licensing Consultant

Kathrys Habe

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

License #:	AF320071117
Licensee Name:	Darlene Rothe
Licensee Address:	6587 E Kinde Rd
	Port Hope, MI 48468
Licensee Telephone #:	(989) 975-7244
Licensee/Licensee Designee:	N/A
Administrator:	N/A
N 6 - 111	Di LACLI
Name of Facility:	Rink Afc Home
Encility Address:	6587 E Kinde Rd
Facility Address:	Port Hope, MI 48468
	Fort Tope, Wil 40400
Facility Telephone #:	(989) 975-7244
,	(655) 515 1211
Original Issuance Date:	07/01/1996
Capacity:	2
Program Type:	DEVELOPMENTALLY DISABLED

#### **II. METHODS OF INSPECTION**

Date of O	n-site Inspection(s):	12/08/2	022
Date of B	ureau of Fire Services Inspecti	on if applicable:	
Date of H	ealth Authority Inspection if app	olicable:	
No. of res	ff interviewed and/or observed idents interviewed and/or obsers interviewed 0 Role:	erved	1
• Medi	cation pass / simulated pass ol	oserved? Yes 🛚	No 🗌 If no, explain.
• Medi	cation(s) and medication record	d(s) reviewed? Y	es ⊠ No □ If no, explain.
Yes [ • Meal Lunc	dent funds and associated docu $ imes$ No $ imes$ If no, explain. preparation / service observed h was served after the inspectional drills reviewed? Yes $ imes$ No $ imes$	l? Yes ☐ No ⊠ on was complete	If no, explain.
• Fire s	safety equipment and practices	observed? Yes	⊠ No  If no, explain.
If no,	ores reviewed? (Special Certific explain. r temperatures checked? Yes	•	
• Incide	ent report follow-up? Yes ⊠ 1	No 🗌 If no, expla	ain.
Rene 400.1	ective action plan compliance vewal 01/29/2021, Rules 400.140/407(5), 400.1407(6), 400.1420 ber of excluded employees follo	05(1), 400.1(405( 1(3), 400.1407(8)	3), R400.1407(2),
<ul><li>Varia</li></ul>	nces? 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 400.1405	Health of a licensee, responsible person, and member of the household.
	(3) A licensee shall provide the department with written evidence that he or she and each responsible person in the home is free from communicable tuberculosis. Verification shall be within the 3-year period before employment and verification shall occur every 3 years thereafter.
	ne Rothe and her Responsible Person did not have a tuberculin test syears. REPEAT VIOLATION: RENEWAL 01/29/2021
R 400.1438	Emergency preparedness; evacuation plan; emergency transportation.
	(4) Fire drills shall be conducted 4 times a year. Two of the 4 required fire drills shall be conducted during sleeping hours. A record of the fire drills shall be incorporated with the evacuation plan.
A record of the f	ire drills was not available for review.

#### IV. RECOMMENDATION

Contingent upon receipt of an acceptable corrective action plan and approval from the health department, renewal of the license is recommended.

Kathryn A. Huber Date Licensing Consultant