



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

ORLENE HAWKS
DIRECTOR

December 09, 2022

Sandra Montgomery
4900 Vacationland Dr.
Gaylord, MI 49735

RE: License #: AF690393866
Montgomery's
4900 Vacationland Dr.
Gaylord, MI 49735

Dear Ms. Montgomery:

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.

The study has determined substantial compliance with applicable licensing statutes and administrative rules. Therefore, your license is 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 (616) 356-0183.

Sincerely,

A handwritten signature in cursive script that reads "Adam Robarge".

Adam Robarge, Licensing Consultant
Bureau of Community and Health Systems
701 S. Elmwood, Suite 11
Traverse City, MI 49684
(231) 350-0939

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

I. IDENTIFYING INFORMATION

License #:	AF690393866
Licensee Name:	Sandra Montgomery
Licensee Address:	4900 Vacationland Dr. Gaylord, MI 49735
Licensee Telephone #:	(989) 732-0536
Administrator:	N/A
Name of Facility:	Montgomery's
Facility Address:	4900 Vacationland Dr. Gaylord, MI 49735
Facility Telephone #:	(989) 732-0536
Original Issuance Date:	06/12/2018
Capacity:	4
Program Type:	PHYSICALLY HANDICAPPED DEVELOPMENTALLY DISABLED MENTALLY ILL AGED

II. METHODS OF INSPECTION

Date of On-site Inspection(s): 12/09/2022

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

Date of Health Authority Inspection if applicable: 09/12/2022

No. of staff interviewed and/or observed 1

No. of residents interviewed and/or observed 3

No. of others interviewed 1 Role: Licensee

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

(3) In situations where a resident is referred for admission, the resident assessment plan shall be conducted in conjunction with the resident or the resident's designated representative, the responsible agency, and the licensee. A licensee shall maintain a copy of the resident's written assessment plan on file in the home.

One resident's written assessment plan was not signed by the responsible agency.

R 400.1437 Smoke detection equipment.

(1) At least 1 single-station smoke detector shall be installed at the following locations:

(a) Between the sleeping areas and the rest of the home. In homes with more than 1 sleeping area, a smoke detector shall be installed to protect each separate sleeping area.


(b) On each occupied floor, in the basement, and in areas of the home which contain flame- or heat-producing equipment.

The smoke detector between the kitchen and the bedrooms was inoperable at the time of the inspection.

A corrective action plan was requested and approved on 12/09/2022. 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

I recommend issuance of a two-year regular adult foster care license.



12/09/2022

Adam Robarge
Licensing Consultant

Date